								QUALITY INDICATORS SETLIST	
Article ID	Indicator ID	Indicator Name	Dimension of Care	Type of Care	Function	Domain	Context	Description	Reference
4	1	Follow-up contacts during treatment episode after initial evaluation	Process	Chronic	Follow up and continuity	Effective	P - Psychological	Number of follow-up contacts during treatment episode after initial evaluation of bipolar case defined as the presence of a documented diagnosis of bipolar disorder by the consulting psychiatrist, primary care physician, or care manager, and a positive result on the semi-structured Composite International Diagnostic Interview Version 3.0	1. Cerimele JM, Chan Y-F, Chwastak LA, et al. Bipoter disorder in primary care: clinical characteristics of 740 primary care patients with bipotar disorder. Psychiatr Serv 2014; 65(8): 1041-1046 [] 2. Knorenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for poople with serious mental lifeses: a systematic review. The British journal of general practice: the journal of the Royal College of General Practitioners. 2011;75(616):e169-80.0
4	2	Any follow-up contact within 2 weeks after initial assessment	Process	Chronic	Follow up and continuity	Effective	P - Psychological	Any follow-up contact within 2 weeks after initial assessment of bipolar case defined as the presence of a documented diagnosis of bipolar disorder by the consulting psychiatrist, primary care physician, or care manager, and a positive result on the semi-structured Composite International Diagnostic Interview Version 3.0	1. Cerimele JM, Chan Y-F, Chwastak LA, et al. Bipolar disorder in primary care: clinical characteristics of 740 primary care patients with bipolar disorder. Psychiatr Serv 2014; 65(8): 1041-1047 2. Kronenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dane CR, et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. The British journal of general practice: the journal of the Royal College of General Practitioners. 2017;17(6):165(1):e5(4):e3.0.
4	3	Any follow-up contact within 4 weeks after initial assessment	Process	Chronic	Follow up and continuity	Effective	P - Psychological	Any follow-up contact within 4 weeks after initial assessment of bipolar case defined as the presence of a documented diagnosis of bipolar disorder by the consulting psychiatrist, primary care physician, or care manager, and a positive result on the semi-structured Composite International Diagnostic Interview Version 3.0	1. Cerlmels JM, Chan Y-F, Chaesdak LA, et all Bipotur disorder in primary care clinical characteristics of 740 primary care patients with bipotar disorder. Psychiatr Serv 2014; 65(8): 1041-1048] 2. Krosenberg C, Doran T, Goodand M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for poople with serious mental liness: a systematic review. The British purmal of general practice: the journal of the Royal College of General Practiconers. 2011;75(616):1649-1630.
4	4	Crisis management and out-of-hours services	Structure	Acute	Al	Effective	P - Psychological	Existence of a crisis plan and management, including out-of-hours attendence	1. Ware No. Choixy B. Tuperhorn, T. Michimony CA. CONNECT: a measure of continuity of care in mental health services. Meri Health Ever Res 2003; 5(4); 299-291; 12 (Novemberg C. Down T. Coddard M. Kerotick T. Ellios S. Direc CR, et al. Sentifying primary use quality includes for propely with service mental illness: a systematic review. The British primary large and produced in Res (Primary Care and Annual Primary Large
4	5	Waiting time to treatment	Process	AI	Treatment	Timely	P - Psychological	Waiting time between registration and start of treatment	Pypica Med. 2018;4(6)(517-027. 1. Koonenberg C, Donn T, Goddard M, Kendrick T. Gilbody S, Dare CR, et al. Identifying primary case applies reduces mental illness: a systematic review. The British journal of general practice: the journal of the Royal College of General Practitioners. 2017;77((61):61):61-62. [3]. Paramesessan SS, Spach-Habet B, Proco at HA, Messuring the quality of neetal heath care comercus perspectives from selected industrialized countries. Alm Psky Messuring College of General Practitioners. 2017;77((61):61):61-62. [3]. Paramesessan SS, Spach-Habet B, Proco at HA, Messuring the quality of neetal heath care comercus perspectives from selected industrialized countries. Alm Psky Messuring College of General Practitioners. 2017;77((61):61):61-62. [3]. Paramesessan SS, Spach-Habet B, Proco at HA, Messuring the quality of neetal heath care comercus perspectives from selected industrialized countries. Alm Psky Messuring College of General Practitioners. 2017;77((61):61):61-62. [3]. Paramesessan SS, Spach-Habet B, Proco at HA, Messuring the quality of neetal heath care comercus perspectives from selected industrialized countries. Alm Psky Messuring College of General Psky Messuring College of Genera
4	6	Examination in patients with new treatment episode	Process	AI	Treatment	Effective	P - Psychological	Number of patients that had a comprehensive mental status examination and history conducted in a new treatment episode.	1. Kronerberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for poople with serious mental illness: a systematic review. The British journal of general practice: the journal of the Royal College of General Practitioners. 2011;67(61):1915-930.
6	7	Urinary incontinence during initial dementia evaluation	Process	Acute	Screening and prevention	Effective	P - Psychological	Vulnerable elders that should have documentation of the presence or absence of urinary incontinence during the initial evaluation and annually	1. Konceteg C, Door T, Goddon M, Kondrich T, Olbody S, Davr CR, et al. Identifying primary care quality includes for people with entors mental biases: a systematic review. The Bibbi pursured in general practices: the pursured of the Regul College of General Practiciones. 2017;6(6)(6) of 161-96.7). The CR (April College of Control Processing of Contro
1 [24]	8	Antidepressant medication management: effective acute phase treatment	Process	Acute	Treatment	Effective	P - Psychological	Percentage of patients 18 years of age and older as of April 30 of the measurement year, who were diagnosed with a new episode of depression, were treated with artifide pressant medication, and remained on an artifide	Frieddeng MW, Collin KL, Pearson SD, Kleinman KP, Zheng J, Singer JA, et al: Does affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22:1385-1392. If Kringso DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewagen PP. The breadth of primary care: a systematic Iterature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:55. Published 2010 Mar 13. doi:10.1189/1472-488 6955-10-65
1 [24]	9	Antidepressant medication management: optimal practitioner contacts during acute phase	Process	Acute	Follow up and continuity	Effective	P - Psychological	Percentage of members 18 years of age and older as of April 30 of the measurement year, who were disgnosed with a new episode of depression and treated with antidepressant medication, and who had at least 3 follows promo	Friedzeng MW, Coltin KL, Pearson SD, Kleirman KP, Zheng J, Singer JA, et al: Does affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22:1385-1392. If Kringos DS, Boerma WG, Hutchinson A, van der Zee J, Groenewegen FP. The breadth of primary care: a systematic literature review of its core dimensions. BMIC Health Serv Res. 2010;10:55. Published 2010 Mar 13. doi:10.1186/1472-6963-10-65
12	10	Rate of Clostridium difficile infections	Outcome	Acute	Diagnosis	Safe	D - Digestive	Percentage of Clostridum difficile infections	2 Balbells, E., Shi, T., Leese, C., Lyell, I., Burrows, J., Wuff, C., Nair, H. (2018). Global burden of Clostridium difficile infections: a systematic review and meta-analysis. Journal of global health, 9(1), 010407. doi:10.7189/jogh.09.010407
15	11	Prescription of a penicillin-containing preparation to a patient with a history of allergy to penicilin	Process	Acute	Treatment	Safe	A - General and unspecified	Number of cases with prescription of penicillin-containing preparation and with a history of allergy to penicillin	Bhattachanya S. (2010). The facts about pericillin allergy: a review. Journal of advanced pharmaceutical technology & research, 1(1), 11–17.
15	12	Prescription of clarithromycin or erythromycin to a patient who is also receiving simvastatin, with no evidence that the patient has been advised to stop the simvastatin while taking the antibiotic	Process	Acute	Treatment	Safe	A - General and unspecified	Number of cases with prescription of clarithromycin or erythromycin to a patient who is also receiving simusatatin, with no evidence that the patient has been advised to stop the simusatatin while taking the antibiotic	5 Spencer, R. and Serumaga, B. (2011), Concurrent macrolide and statin – a common interaction. Prescriber, 22: 49-50. doi:10.1002/psb.796
22	13	Antibiotics prescribed for (most) bacterial infections	Process	Acute	Treatment	Effective	A - General and unspecified	Number of female patients older than 18 years old (yo) diagnosed with cystitis or other urinary infection prescribed antibacterial for systemic use	6. Le Martchal, M., Telano, G., Morrier, A. A., Adissensen, N. Opssen, I. C., Hafer, B. DRIVE-68. WPT prup (2015). Guilty indicator assessing antiblical in the notice particular antibidicipation antibidicipation common processor for a location of antibidicipation of a location of antibidicipation of a location of antibidicipation of a location of a l
22	14	Antibiotics prescribed for (most) bacterial infections	Process	Acute	Treatment	Effective	A - General and unspecified	Number of patients aged between 18 and 65 yo diagnosed with pneumonia prescribed antibacterial for systemic use	6. Le Marechal, M., Tebano, G., Mornier, A. A., Adriaenssens, N., Gyssens, I. C., Huther, B., DRIVE-AB WP1 group (2016). Quality indicators assessing artificióe use in the outpatient setting: a systematic review followed by an international mulfidisciplinary consensus procedence. The Journal of artirnisciosal chemotherapy, 7/(18/ppd.) (4), 404-496. doi: 10.10/38/psdc4/srt/72
22	15	Antibiotics prescribed for (most) viral infections or self-limiting bacterial infections	Process	Acute	Treatment	Effective	A - General and unspecified	Number of patients aged between 18 and 75 yo diagnosed with acute bronchits or bronchiolitis prescribed antibacterial for systemic use	6. Le Maréchal, M., Tebano, G., Monnier, A. A., Adrianessens, N., Gyszens, I. C., Hutther, B., DRIVE-AB WP1 group (2018). Quality indicators assessing artibiodic use in the outpatient setting a systematic review followed by an international multidisciplinary consensus procedure. The Journal of artificroid-termotherapy, 73(suppl. 6), 440–449, doi:10.1039/j.jcic/sty117
22	16	Outpatients receive antibiotic therapy compliant with guidelines; this includes, but is not limited to indication, choice of the antibiotic, duration, dose and timing.	Process	Acute	Treatment	Effective	A - General and unspecified	Number of patients older than 18 yo diagnosed with cys8tis or other urinary infection prescribed the recommended antibacterial	6. Le Maréchal, M., Tebano, G., Monnier, A. A., Adriaenssens, N., Gyssens, I. C., Hutther, B., DRIVE-AB WP1 group (2018). Quality indicators assessing artibiotic use in the outpatient setting: a systematic review followed by an international multidisciplinary consensus procedure. The Journal of antimicrobial chemotherapy, 73(suppl_6), w40–w49. doi:10.1093/jsc/dsy117
22	17	Acute upper respiratory infections and bronchitis should not be treated with antibiotics within the first three days, unless there is documented indication for treatment	Process	Acute	Treatment	Effective	A - General and unspecified	Delayed antibiotics prescribing strategy should be agreed for patients with the included conditions	6. Le Maréchal, M., Tebano, G., Mornier, A. A., Adisienssens, N., Gyssens, L.C., Huttner, B., DRIVE-AB WP1 group (2018). Qually indicators assessing artiblotic use in the outpatient setting a systematic review followed by an international multidisciplinary consensus procedure. The Journal of antimicrobial chemotherapy, 73(usppl. 6), v40–v49. doi:10.1093/poidsy117
22	18	Outpatients with acute tonsillitis/pharyngitis should undergo a group A streptococcal diagnostic test to decide whether or not they should receive antibiotics	Process	Acute	Diagnosis	Effective	A - General and unspecified	Patients with a group A Streptococcus test	6. Le Maréchal, M., Tebano, G., Monnier, A. A., Adriaenssens, N., Gyssens, I. C., Huttner, B., DRIVE-AB WP1 group (2018). Quality indicators assessing artibiotic use in the outpatient setting: a systematic review followed by an international multidisciplinary consensus procedure. The Journal of antimicrobial chemotherapy, 73(suppl_6), w40–w49. doi:10.1093/spcidity117
22	19	Outpatients with an acute tonsilitis/pharyngitis and positive group A streptococcal diagnostic test should be treated with artibiotics Antibiotics for an acute tonsilitis/pharyngitis should be withheld, discontinued	Process	Acute	Treatment	Effective	R - Respiratory	Patients with acute tonsititis or phanyngitis and a positive Streptococcus A test treated with Antibiotics	6. Le Maréchal, M., Tebano, G., Mornier, A. A., drisenssens, N., Gyssens, I. C., Huttner, B., DRIVE-AB WP1 group (2018). Qually indicators assessing artibiotic use in the outpatient setting a systematic review followed by an international multidocipilitary consensus procedure. The Journal of artimicrobial chemotherapy, 73(suppl. 6), 440–449. doi:10.1093/jaciday117
22	20	or not prescribed if an outpatient presents a diagnostic test (rapid antigen test or throat culture) negative for group A streptococci	Process	Acute	Treatment	Effective	R - Respiratory	Patients with diagnostic test negative for group A streptococci where antimicrobial therapy is not prescribed, withhold or discontinued	6. Le Maréchal, M., Tebano, G., Mornier, A. A., Adriaenssens, N., Gyssens, I. C., Huttner, B., DRIVE-AB WP1 group (2018). Quality indicators assessing antibiotic use in the outpatient setting: a systematic review followed by an international multidisciplinary consensus procedure. The Journal of antimicrobial chemotherapy, 73 (suppl. 6), w40—w48. doi:10.1093/jac/dby117
22	21	Possible contraindications should be taken into account when antibiotics are prescribed	Process	Acute	Treatment	Safe	A - General and unspecified	Prescription of Clariffromycin or erythromycin to a patient who is also receiving simvastatin, with no evidence that the patient has been advised to stop the simvastatin while taking the Antibiotics	6. Le Maréchal, M., Tebano, G., Monnier, A. A., Adrisenssens, N., Gyssens, L. C., Huttner, B., DRIVE-AB WP1 group (2018). Quality indicators assessing antibiotic use in the outpatient setting: a systematic review followed by an international multidisciplinary consensus procedure. The Journal of antimicrobial chemotherapy, 73(suppl. 6), w40–w49. doi:10.1093/jacidsy117
30	22	Amoxicilin percentage on the consumption of amoxicilin and amoxicilin/ clavulanic acid	Process	Acute	Treatment	Effective	A - General and unspecified	Amoxicilin percentage on the consumption of amoxicilin and amoxicilin + clavularic acid	9. Fernández Umusuno, Rocio & Fibres Dorado, Macarena & Moreno-Campoy, Eva & Carmen Montero-Balosa, M. (2014). Selección de indicadores para la monitorización continua del impacto de programas de optimización de uso de antimicrobianos en Atención Primaria. Enfermedades infecciosas y Microbiología Clínica. 33. 10.1016), eimo: 2014.07.011.
3	23	Abortion services Accommodation "patient-focused on": Use of urgent appointments	Structure Process	Acute Acute	Treatment	All Effective	X - Female Genital Not Defined	Abortion services Number of urgent appointments	1. A. Mazur, C. D. Birndis e M. D. J., "Assessing youth-friendly sexual and reproductive health services: a systematic review," BMC Health Services Research, pp. 1-12, 2018. 1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) // 2. Arsani, Z.
3	25	Quality of health promotion: Gonorrhoea/chlamydia rates	Outcome	Acute	Screening and prevention	All	X - Female Genital / Y - Male Genital	Gonorrhoealchlamydia rates	2007). A Review of Lentury in County of Lentury Health Care. Australan Journal of Primary Health, 13(2), 80. 1. Kiringas, D. S., Boema, W. G., Halchirson, A., van der Zeu, J., & Gorenwegen, P. P. (2010). The breadth of primary care: a systemic lentural review of lenturine review of le
3	26	Preventive care: Blood typing and antibody screening for prenatal patients	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Preventive care: Blood typing and antibody screening for prenatal patients	1. Kingso, D. S., Boerna, W. G., Hadrinson, A., van der Zee, J., & Gronnewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) 1/2. Marshall M., Klazinga N., Leatherman S. Hardy C., Bergmann E., Pisco L., et al: DECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J. Qual Health Care 2006, 18(Suppl 1):21-25.
3	27	Congestive heart failure (CHF) readmission rate	Outcome	Acute / Chronic	Treatment	Effective	K - Cardiovascular	Diagnosis and treatment - primary care: Congestive heart failure readmission rate	1. Kingos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) # 2. Marshall M, Kauzing N, Leatherman S, Hardy C, Bergmann E, Pisco L, et al. CECO Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
9	28	Potentially preventable hospitalisation clinical indicator of Acute confusion	Outcome	Acute / Preventive	Treatment	Effective	N - Neurological	1. Patient aged 365 years, 2. Use of two or more agents with anticholinergic activity OR use of an agent with high anticholinergic activity, 3. Use of multiple psychotropic medications (eg. beroduzepiens, bytick, antidepsessants) Comparison of the psychotropic medications and psychotropic medications (eg.)	Caughey, G. E., Kallsch Eleit, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4), e0040625. II. 2. Howard R, Avery A, Savenburg S, et al. Which drugs cause preventable admissions to hospital? A systematic review. Br J Clin Pharmacol 2007;83:136-47.
9	29	Potentially preventable hospitalisation clinical indicator of acute coronary syndrome	Outcome	Acute / Preventive	Treatment	Effective	K - Cardiovascular	 History of Mil (in 2 years prior to admission), 2. Not on aspirin, β-blocker, ACEI or ARB and statin (in 3 months point to admission), ICR // 1. Patient has company artery steet (in 1 year prior to 	1. Caughey, G. E., Kalsch Ellett, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4). e004625. Jl 2. Howard R, Avery A. Savenburg S, et al. Which drugs cause preventable admissions to hospital? A systematic review. Br J Clin Pharmacol 2007;53:136–47.
9	30	Potentially preventable hospitalisation clinical indicator of Arrhythmia	Outcome	Acute /	Treatment	Effective	K - Cardiovascular	admission) 2. No use of aspirin or clipplogrel (in 12 months prior to admission) 1. Concurrent use of calcitriol with digoxin, 2. Calcium concentration not monitored in the previous 3 months	1. Caughey, G. E., Kalsch Eleit, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open. 4(4).
9	31	Potentially preventable hospitalisation clinical indicator of Asthma	Outcome	Acute /	Treatment	Effective	R - Respiratory	History of asthma 2. Use of SABA more than 3 times/week or use of LABA 3. No use of inhaled confocuteroids	Cougley, G. E. Kalach Edet, L. H. Woog T. Y. (2014). Development of extince a search Astrolate medication-redate indicators of potentially preventable hospitalizations: a modified EARD approximates anthol. BMJ Open. 4(s). 603(606, J. E. H. L. Woog T. Y. (2014). Development of extince scale preventable destinations in boggild A synthetic review B. U. O. Phendicular review B. D. Phendicular review B. D. Phendicular review B. D. Phendicular review B. D. Phendicular review B. D
9	32	Potentially preventable hospitalisation clinical indicator of Asthma or Chronic Obstructive Pulmonary Disease	Outcome	Acute / Preventive	Treatment	Effective	R - Respiratory	Potentially preventable hospitalisation clinical indicator of Asthma or Chronic Obstructive Pulmonary Disease: History of asthma or COPD	1. Caughey, G. E., Kalsch Elet, L. M. & Mong, T. Y. (2014). Descriptions of section of the control of the contr
9	33	Potentially preventable hospitalisation clinical indicator of Cardiovascular	Outcome	Acute /	Treatment	Effective	K - Cardiovascular	1. History of diabetes	1. Caughey, G. E., Kalsch Elek, L. M., & Charge Y. Y., 2014: Development of evidence-based Australian Cardious reviews and indicators of potentially severable beoptialsations: a more control of the con
9	34	disease Potentially preventable hospitalisation clinical indicator of Chronic constipation or impaction	Outcome	Acute / Preventive	Treatment	Effective	D - Digestive	Not on Itid lowering drug Not on the first of two or more agents with low-to-moderate anticholinergic activity. OR use of a highly anticholinergic agent if 1. Regular use of a strong opioid analgesic (fentany),	600425. Il 2. Howard R. Aver A. Sarverburo S. et al. Which druss cause reventable admissions to hospital? A systematic review. B J. Clin Pharmacol 2007;83:156–47. 1. Caughey, G. E., Kalsch Elet, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalizations: a modified RAND appropriateness method. BMJ Open, 4(4), e00425; Il 2. Howard R. Avery, A. Sarverburg, S. et al. Which drugs cause preventable admissions to hospital? As yettermatic review. B J. Clin Pharmacol 2007;83:156–47.
9	35	or impaction Potentially preventable hospitalisation clinical indicator of chronic heart failure	Outcome	Acute / Preventive	Treatment	Effective	K - Cardiovascular	1. History of CEF (in 2 years prior to admission), 2. Not on an ACES in ARRA (in Thistory of CEF to 2 years prior to admission) 1. History of CEF (in 2 years prior to admission), 2. Not on an ACES in ARRA (in Thistory of CEF to 2 years prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be of rosigilazone or progrituzone or progrituzone or progrituzone (in 6 months prior to admission) 1. History of CEF 2 (be o	1. Caughery, G. E., Kallsot, Bett, L. M., & Wong, Y., (2014). Development of evidence-based Australian medication-related indicators of potentials preventation benefits an another flower and complete and control of the control of t
9	36	Potentially preventable hospitalisation clinical indicator of chronic heart failure and / or heart block	Outcome	Acute / Preventive	Treatment	Effective	K - Cardiovascular	History of CHF with neart block or advanced practication (in 2 years prior to admission) I lise of disputing (in 6 months prior to admission)	1. Caughey, G. E., Kalisch Eleit, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4),
9	37	Potentially preventable hospitalisation clinical indicator of chronic heart failure or cardiac ischaemic event	Outcome	Acute / Preventive	Treatment	Effective	K - Cardiovascular	1. History of HID (in 2 year prior to admission) 2. Use of rosigitazone (in 6 morths prior to admission)	 Caughey, G. E., Kallsch Ellet, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4). e004255. // 2. Howard R. Avery A. Sixenburg, S. et al. Which chugo cause preventable admissions to hospital for Asystematic review. Bir J Clin Pharmacol 2007;83:158–47.
9	38	Potentially preventable hospitalisation clinical indicator of chronic heart failure or myocardial infarction	Outcome	Acute / Preventive	Treatment	Effective	K - Cardiovascular	Concurrent use of insulin and rosiglitazone	1. catagory, G. E., Narion Erec, L. m., a viving, 1. 1. (2014). Development to evolution-custod unbased in international control integration provinciation in implication of the control o
9	39	Potentially preventable hospitalisation clinical indicator of Chronic Obstructive Pulmonary Disease	Outcome	Acute / Preventive	Treatment	Effective	R - Respiratory	Moderate to severe COPD with frequent exacerbation Use of king-acting fl-agoristic or articrothrenge No tour of limitation or controlled or discontinuous	Caughey, G. E., Kalsch Eler, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4), e004025. If 2. Howard R, Avery A, Sierredung S, et al. Which drugs cause preventable admissions to hospital? A systematic review. Br J Clin Pharmacol 2007; 83:156-47.
9	40	Potentially preventable hospitalisation clinical indicator of Fracture	Outcome	Acute / Preventive	Treatment	Effective	L - Musculoskeletal	Femile patient 1. Healthy of absoluted that the STA Consideration of th	Caughey, G. E., Kallsch Eleit, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriatness method. BMJ Open, 4(4), e004425, if 2. Howard R. Avery A., Staverburg S., et al. Which drugs cause preventable admissions to hospital? A systematic review. Br. J Clin Pharmacol 2007;53:136–47.
9	41	Potentially preventable hospitalisation clinical indicator of gastrointestinal bleed, perforation or ulcer or gastritis	Outcome	Acute / Preventive	Treatment	Effective	D - Digestive	1. History of GI ulcer or bleeding 2. NSAID use for at least if morth 3. No use of gasteryortective agent (eg. PPI)	1. Caughey, G. E., Kalisch Elet, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4), e004625. // 2. Howard R. Avery A., Savenburg S., et al. Which drugs cause preventable admissions to hospital? A systematic review. Br J Clin Pharmacol 2007;63:136-47.
9	42	Potentially preventable hospitalisation clinical indicator of gastrointestinal ulcer	Outcome	Acute / Preventive	Treatment	Effective	D - Digestive	1. Patient with dyspepsia 2. PPI not prescribed 3. Patient with a positive test for Helicobacter pylori 4. Not prescribed H pylori eradication therapy	Caughey, G. E., Kalsch Eleit, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4), e004625. II 2. Howard R, Avery A, Slavenburg S, et al. Which drugs cause preventable admissions to hospital? A systematic review. Br J Clin Pharmacol 2007;63:136-47.
9	43	Potentially preventable hospitalisation clinical indicator of gastrointestinal ulcer or bleed	Outcome	Acute / Preventive	Treatment	Effective	D - Digestive	Patient with osteoarthritis Discensed long-term NSAIDs (including COX-2) therapy	Caughey, G. E., Kalsch Elett, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4), e004625. #/2. Howard R. Avery A. Savenburg S. et al. Which druss cause creventable admissions to hospital? A systematic review. Br. J Clin Pharmacol 2007;63:136-47.
9	44	Potentially preventable hospitalisation clinical indicator of Hypercalcaemia	Outcome	Acute / Preventive	Treatment	Effective	T - Endocrine/Metabolic and Nutritional	Use of an oral hypoglycaemic agent, 2. HbA1c level not monitored in the previous 6 months	1. Caughey, G. E., Kallsch Ellett, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4),
9	45	Potentially preventable hospitalisation clinical indicator of Hyperglycaemia/ hypoglycaemia	Outcome	Acute / Preventive	Treatment	Effective	T - Endocrine/Metabolic and Nutritional	Use of insulin, 2. HbA1c level not monitored in the previous 6 months	1. Caughey, G. E., Kalsch Eleit, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4), e004625. II 2. Howard R, Avery A, Slavenburg S, et al. Which drugs cause preventable admissions to hospital? A systematic review. Br J Clin Pharmacol 2007;63:136-47.
9	46	Potentially preventable hospitalisation clinical indicator of Hypoglycaemia	Outcome	Acute / Preventive	Treatment	Effective	T - Endocrine/Metabolic and Nutritional	Use of glibenclamide or glimepiride, 2. Renal function not monitored in the previous year, 3. Use of a long-acting onal hypoglycaemic agent (glibenclamide or glimepiride) 2. Hbh1c level not monitored in the previous 6 months	Codyry, E. Edward R. Amerik S. Service S. C. Amerik S. Service S. Servic
9	47	Potentially preventable hospitalisation clinical indicator of Influenza-related pneumonia	Outcome	Acute / Preventive	Treatment	Effective	R - Respiratory	Patient aged 265 years No contraindication to influenza vaccine No Influenza vaccine in the previous year	60.04 25. // 2. Howard R, Avery S, Salvenburg S, et al. Which drugs cause preventable admissions to hospital? A systematic review. Br J Clin Pharmacol 2007;53:136–47.
9	48	Potentially preventable hospitalisation clinical indicator of Ischaemic stroke	Outcome	Acute / Preventive	Treatment	Effective	K - Cardiovascular	History of chronic AF or ischaemic stroke (in 2 years prior to admission) No use of warfarin or aspirin (in 3 months prior to admission)	1. Caughey, G. E., Kalsch Elott, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open. 4(4), e004625. // 2. Howard R. Auery, A., Slavenburg S, et al. Which drugs cause preventable admissions to hospital? A systematic review. Br. J Clin Pharmacol 2007;55:136-47.
9	49	Potentially preventable hospitalisation clinical indicator of Oesophagitis, oesophageal ulceration or stricture	Outcome	Acute / Preventive	Treatment	Effective	D - Digestive	History of oesophageal disorders (active oesophageal ulceration, stricture or achalasia), 2. Use of alendronate	1. Caughey, G. E., Kalisch Elet, L. M., & Word, A., Avery A., Savenburg, S., et al. Windrudge cause prevention automation to incipital in Approximate review & J California and Control of

9	50	Potentially preventable hospitalisation clinical indicator of Osteoporosis or	Outcome	Acute / Preventive	Treatment	Effective	L - Musculoskeletal	Use of systemic corticosteroids for at least 3 months, 2. No osteoporosis prophylaxis (women: no use of HRT, bisphosphonate, teriparatide, selective oestrogen receptor modalutors or strontum; men; no use of bisphosphonate or teriparatide)	Caughey, G. E., Kallsch Eleit, L. M., & Wong, T. Y. (2014). Development of evidence-based Australan medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriatness method. BMJ Open, 4(4), e004625.112. Housen'CR, Avery A. Saverburg S. et al. Whitch drugs cause preventable admissions to hospital? A systematic review 8 of Clin Pharmacol 2007;53:156-47.
	51	fracture Potentially preventable hospitalisation clinical indicator of Pneumococcal	Outcome	Acute /	Treatment	Effective	R - Respiratory	receptor modulators or strontum; men: no use of bisphosphonate or teriparatide) 1. Patient aged ≥65 years 2. No contraindication to pneumococcal vaccine	1. Caughey, G. E., Kalisch Elett, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified RAND appropriateness method. BMJ Open, 4(4),
		pneumonia or sepsis		Preventive Acute /			' '	No pneumococcal vaccine in the previous 6 years	e004625, If 2 Howard R, Avery A, Stevenburg S, et al. Which drugs cause preventable advisories to hospital? A systematic review. B J Clin Pharmacol 2007;83:156-47.
9	52	Potentially preventable hospitalisation clinical indicator of Renal failure Potentially preventable hospitalisation clinical indicator of Renal failure or	Outcome	Preventive Acute /	Treatment	Effective	U - Urological	1. NSAID use for >3 months, 2. Serum creatinine not monitored in the previous 12 months // 1. Use of fithium, 2. Serum creatinine not monitored in previous 6 months	1. Caughey, G. E., Kalsch Elet, L. M., & Wong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisations: a modified PAND appropriateness method. BMJ Open, 4(4), 600-6000 (2014). Parameter (2014) (
9	53	nephropathy	Outcome	Preventive Acute /	Treatment	Effective	U - Urological	History of diabetes, 2. Microalbuminuria and plasma creatinine not monitored in the previous 12 months, 3. Patient not on ACEI or ARB	e004026, 1/2 Howard R, Avery A, Savenburg S, et al. Which drugs cause preventable admixed to 10 posterial processing and the pr
9	54	Potentially preventable hospitalisation clinical indicator of Serotonin toxicity	Outcome	Preventive	Treatment	Effective	P - Psychological	Concurrent treatment with strong CYP1A2 inhibitors (eg, duloxetine) with fluvoxamine 1. History of BPH	#004825 #2 Manard P. Asany & Staughter S. et al. Which drops course representable admirestons to hospital & sustamatic region. Br. J. Clin Dharmanol 2007:62:436, 47
9	55	Potentially preventable hospitalisation clinical indicator of Urinary retention Potentially preventable hospitalisation clinical indicator of venous	Outcome	Acute / Preventive Acute /	Treatment	Effective	U - Urological	2. Use of an anticholineroic agent 1. History of coronary artery disease or VTE	1. Caucher, G. E., Kalsch Elet, L. M., Klong, T. Y. (2014). Development of evidence-based Australian medication-related indicators of potentially preventable hospitalisators: a modified RAND appropriatness method BMJ Open, 4(4), 600-6000, 600-600, 600-6000, 600-600, 600-600, 600-600, 600-600, 600-60
9	56	thromboembolism or stroke	Outcome	Preventive	Treatment	Effective	K - Cardiovascular	2. Use of railoxifene	e004625. // A systematic resophilisation of the common control of
11	57	Acute Health Services Use - Emergency Department Visits for Asthma	Outcome	Acute	Treatment	Effective	R - Respiratory	Acute Health Services Use - Emergency Department Visits for Asthma	 I. Gutmann, A., Lougheed, M. D., Gerstron, A. S., Del, S. D., Sancroco, M. B., Hisman, D. N. (2010). Evidence-based performance indicators of primary care for astrina: a modified RAND Appropriateness Meetrod. International Journal for City (2014) Fields. To, T., Guttmann, A., Lougheed, M. D., Gerstron, A. S., Del, S. D., Sancroco, M. B., Fisman, D. N. (2016). Evidence-based performance indicators of primary care for activina: a modified RAND Appropriateness Method. International
- 11	58	Acute Health Services Use - Urgent Care Visits for Asthma Asthma: children attended in emergency care due to an asthma agudization	Outcome	Acute	Treatment	Effective	R - Respiratory	Acute Health Services Use - Urgent Care Visits for Asthma	Journal for Quality in Heath Care, 22(6), 476–485.
16	59	and re-evaluated by their doctor within 72h	Outcome	Acute	Treatment	Effective	R - Respiratory	Asthma: children attended in emergency care due to an asthma agudization and re-evaluated by their doctor within 72h	Oiry de Labry Lima, A., García Mochón, L., & Bermúdez Tamayo, C. (2017). Identificación de indicadores de resultado en salud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Calidad Asistencial, 32(5), 278–288.
16	60	Cumulative hospitalization days in patients with chronic conditions	Outcome	Acute	Treatment	Efficient	A - General and unspecified	Cumulative hospitalization days in patients with chronic conditions	Ohy de Labry Lima, A., García Mochón, L., & Bermidez Tamayo, C. (2017). Identificación de indicadores de resultado en aalud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Calidad Asistencial, 32(5), 278–288.
16	61	Hospital care readmissions in patients with chronic conditions	Outcome	Acute	Treatment	Effective	A - General and unspecified	Hospital care readmissions in patients with chronic conditions	Olry de Labry Lima, A., García Mochón, L., & Bermúdez Tamayo, C. (2017). Identificación de indicadores de resultado en salud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Calidad Asistencial, 32(5), 278–288.
16	62	Urgency care use by patients with chronic conditions Asthma: Percentage of children hospitalised for asthma with a check-up	Outcome	Acute	Treatment	Efficient	A - General and unspecified	Urgency care use by patients with chronic conditions	Otry de Labry Lima, A., García Mochón, L., & Bermúdez Tamayo, C. (2017). Identificación de indicadores de resultado en salud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Caldad Asistencial, 32(5), 278–288. Ruiz-Canela-Cáceres, J., Aquino-Linares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., de Jaime-Revuela, M. E., & Praena-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et
19	63	before two weeks	Outcome	Acute	Treatment	Effective	R - Respiratory	Asthma: Percentage of children hospitalised for asthma with a check-up before two weeks	Ruiz-Carela-Caceres, J. Assuro-Linares, N. Sanche-Claz, J. M. Garcia-Gestoso, M. Le Jaime-Revoulcoid, 43(2), 147–156. Ruiz-Carela-Caceres, J. Assuro-Linares, N. Sanche-Claz, J. M. Garcia-Gestoso, M. Le Jaime-Revoulcoid, 43(2), 147–156.
19	64	Asthma: Percentage of children hospitalised in one year Asthma: Percentage of children seen at ER due toan attack and reassessed	Outcome	Acute	Treatment	Efficient	R - Respiratory	Asthma: Percentage of children hospitalised in one year	Immunopathologica, J., Aquino-Linares, N., Sánchez-Diaz, J. M., García-Gestoso, M. L., de Jaime-Revuela, M. E., & Praena-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et
19	65	bytheir doctor within 72 hours	Outcome	Acute	Treatment	Effective	R - Respiratory	Asthma: Percentage of children seen at ER due toan attack and reassessed by their doctor within 72 hours	Immunopatholodia, 43/2), 147–156.
19	66	Asthma: Percentage of children with one or more visits to ER in a year	Outcome	Acute	Treatment	Efficient	R - Respiratory	Asthma: Percentage of children with one or more visits to ER in a year	Rus-Carde-Cacces, J., Again-Charee, N., Sanche-Chaz, J. M., Garcia-Gestoo, N. L., to Almercontoide, M. E. a. Production, N. C., to J. Industrian on canada as a span, using are main miscure megapaga en managardation, 4.03 (J. 141-58). Rus-Carde-Cacces, J., Again-Linares, N., Sánche-Díaz, J. M., Garcia-Gestoo, N. L., de Jame-Rousek, N. E. a. Praess-Cercy, M. (2015). Indicators for childrond asthma in Spain, using the Pand method. Allogologia et managardation, 4.03 (J. 141-58).
19	67	Asthma: Percentage of repeat visits to ER	Outcome	Acute	Treatment	Efficient	R - Respiratory	Asthma: Percentage of repeat visits to ER	Ruiz-Caneta-Caceres, J., Aquino-Linares, N., Sainchez-Diaz, J. M., Garcia-Gestoso, M. L., de Jaime-Revotes, M. E., a Praena-Cesco, M. (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et immunopathologia, 43(2), 147-156. Ruiz-Caneta-Caceres, J. Aquino-Linares, N., Sainchez-Diaz, J. M., Garcia-Gestoso, M. L., de Jaime-Revotes, M. E. & Praena-Cresco, M. (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method. Alteroplogia et al., (2015). Indicators for childhood astima in Spain, using the Rand method.
19	68	Asthma: Use of spirometry during attack	Outcome	Acute	Treatment	Effective	R - Respiratory	Astirma: Use of spirometry during attack Any psychiatric consultation during treatment, either a psychiatrist reviewing a patient's case or an in-person consultation with the psychiatrist of bipolar case defined as	Imminonathologia 43/2) 147-156
4	69	Any psychiatric consultation during treatment	Process	Acute / Chronic	Follow up and continuity	Effective	P - Psychological	Any psychiatric consultation during treatment, either a psychiatrist reviewing a patient's case or an in-person consultation with the psychiatrist of bipolar disorder by the consulting psychiatrist, primary care physician, or care manager, and a positive result on the semi- structured Composite International Diagnostic Interview Version 3.0	Cerimbe JM, Chan Y-F, Chwastak LA, et all Bipolar disorder in primary care: crinical characteristics of 740 primary care potients with bipolar disorder. Psychiatr Serv 2014; 65(8): 1041–1030 2. Worsenberg C, Doran T, Goddard M, Kendrick T, Gibzoly S, Dare CR, et al. Identifying primary care quality indicators for people with serious metal intens: a systematic review. The Bibsh journal of general practice: the journal of the Royal College of General Practicioners. 2011;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, Kendrick T, Gibzoly S, Dare CR, et al. Identifying primary care quality indicators for people with serious metal all intens. a systematic review. The Bibsh journal of general practice: the journal of the Royal College of General Practicioners. 2011;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, Kendrick T, Gibzoly S, Dare CR, et al. Identifying primary care quality indicators for people with serious metal intens. a systematic review. 2011;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, Kendrick T, Gibzoly S, Dare CR, et al. Identifying primary care quality indicators for people with serious metal intens. a systematic review. The Bibsh journal of general practice: the journal of the Royal College of General Practice review. 2011;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, General Practice review. 2012;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, General Practice review. 2012;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, General Practice review. 2012;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, General Practice review. 2012;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, General Practice review. 2012;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, General Practice review. 2012;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, General Practice review. 2012;65(65):1041–1050 2. Worsenberg C, Doran T, Goddard M, General Practice review. 2012;65(65):1041–1050 2. Worsenberg C, Doran T,
4	70	Duration of untreated psychosis	Outcome	Acute /	Treatment	Efficient	P - Psychological	Sill dutilled Composite international Engliphosite Internetw version 5.0 Length of untreated psycosis	1. Kronenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. The British journal of general practice : the journal of the
-	70	Duration or untreated psychosis	Outcome	Chronic	Treatment	Efficient	P - Psychological	Length of untreated psycosis	Konzerberg C, Donan T, Goddard M, Kenicki T, Gilboy S, Dave CR, et al. Merilying primary care quality indicators for people with serious mental illenses a systematic review. The British journal of general practice: the journal of the Royal College of General Phastilices. 2017;87(69): 3611–362. I] z. P Paramensean SG, Speeth-Rubbe LR, Prous HA. Messuring the quality of mental health care connections prospected the most bodd indicated counties. Adm Policy Mental Health 2014;4(3): 288–296. Ij S. Roud T. Metral health and journal part of connections externed and prospected in in Newsyy. Curr (Purphyshing) 2009; 22(6): 631–632.
4	71	Sedation side effects	Outcome	Acute / Chronic	Treatment	Safe	P - Psychological	Patients with neurological, sexual, sleeping, and sedation side effects	1. Konencherg C, Doran T, Goddsim M, Kariff C, Blody S, Des Celes J, S Naus I. In install relating upwarp and outcome interdescent abusing processing in visual control index as a special processing processing in visual control in visual visual visual control in visual vis
4	72	Refferal to specialist mental health assessment	Process	Acute /	Al	Effective	P - Psychological	Number of patients referral for specialist mental health assessment	1. Kronerberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. The British journal of general practice : the journal of the Royal College of General Practitioners. 2017;57(661) e519-e30.
4	73	Comorbid psychiatric conditions and response to treatment	Outcome	Acute / Chronic	Treatment	Effective	P - Psychological	Patient assessed for comorbid psychiatric conditions and response to treatment	1. Kronenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. The British journal of general practice: the journal of the Royal College of General Practicesers. 2017;67(65) 159-8-30.
4	74	Severity of symptoms	Outcome	Acute / Chronic	Diagnosis	Effective	P - Psychological	Number of patients with severity of symptoms reassessed	Noval Cottege of General Practitioners. 2017;97(69) (se) 19-80. 1. Kronenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care qualifyindations for people whice storius metallallness: a systematic review. The British journal of general practice: the journal of the Royal College of General Practitioners. 2017;37(661) e519-e30.
4	75	Delayed diagnosis	Outcome	Acute /	Diagnosis	Timely	P - Psychological	Patients with delayed diagnosis of serious mental ilness	 Kronenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. The British journal of general practice: the journal of the
5	76	Antidepressant Use	Process	Acute / Chronic	Treatment	Effective	P - Psychological	Patients under prescription and antidepressant use	Royal Colloce of General Practitioners, 2017;67(651):e519-e30. 1. Duhoux A, Fournier L, Menear M. Quality Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011796391166
5	77	Dosage of antidepressants	Process	Acute /	Treatment	Effective	P - Psychological	Adequate dosage of antidepressant treatment	1. Duhoux A, Fournier L, Menear M. Qualify Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011796391166
5	78	Duration of antidepressant treatment		Chronic Chronic	Treatment	Effective	P - Psychological	Adequate duration of antidepressant treatment	1. Duhoux A, Fournier L, Menear M. Quality Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011796391166
5	79	Intensity of antidepressant treatment follow-up	Process	Chronic	Follow up and continuity	Effective	P - Psychological	Adequate intensity of antidepressant treatment follow-up	1. Duhoux A, Fournier L, Menear M. Quality Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011796391166
5	80 81	Psychotherapy use Psychotherapy intensity use	Process	Chronic Chronic	Treatment Treatment	Effective Effective	P - Psychological P - Psychological	Patients in psychotherapy use Adequate intensity of psychotherapy	Duhoux A, Fournier L, Menear M. Quality Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011798391166 Duhoux A, Fournier L, Menear M. Quality Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011798391166
5	82 83	Psychotherapy lenght of visits Patients initiating depression treatment	Process Process	Chronic Acute /	Treatment Treatment	Effective Effective	P - Psychological P - Psychological	Adequate psychotherapy length of visits Patients in treatment initiation (either pharmacotherapy or psychotherapy)	Duhoux A, Fournier L, Menear M, Quality Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011796391166 Duhoux A, Fournier L. Menear M, Quality Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011796391166 Duhoux A, Fournier L. Menear M, Quality Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011796391166
5	83 84	Patients initiating depression treatment Professional profiles	Process Structure	Chronic	Treatment	Effective	P - Psychological P - Psychological	Patients in treatment initiation (either pharmacotherapy or psychotherapy) Physicians with basic or specific education on depression	 Duhoux A, Fournier L, Menear M. Quality Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011796391166 Duhoux A, Fournier L, Menear M. Quality Indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011796391166
6	85	Older adults with cognitive impairment or dementia	Outcome	Chronic	Diagnosis	Effective	P - Psychological	Number of vulnerable older adults affected by cognitive impairment/dementia and being treated in an integrated service system	1. Fujfa K., Moles RJ, Chen TF. Quality indicators for responsible use of medicines: a systematic review BMJ Open 2018;8:e020437. doi: 10.1136/bripgen-2017-020437 2. Kröger E, Tourigny A, Morin D, et al. Selecting process quality indicators for the integrated care of vulnerable older adults affected by cognitive impairment or dementia. BMC Health Serv Res 2007;7:195.
1[25,26]	86	Anti-depressants prescribed: % of the recommended	Process	Acute / Chronic	Treatment	Effective	P - Psychological	The prescription of a high proportion of anti depressants with a demonstrably high efficacy and safety, adherence to a selection of drugs recommended by evidence-based guidelines for the treatment of common primary health care mental problems	Friedberg MW, Colin KL, Pearson SD, Keirman KP. Zheng J, Singer JA, et al: Does affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22:1885-1992. // Kringss DS, Boerma WG, Hutchinson A, van dez Zee 465. J. Groenewegen PP. 466 The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1186/1472-4663-10-65
.(====)				+ +					
1[25,26]	87	Tranquilisers prescribed: % of the recommended	Process	Acute / Chronic	Treatment	Effective	P - Psychological	The prescription of a high proportion of tranquilisers with a demonstrably high efficacy and safety; adherence to a selection of drugs recommended by evidence-based guidelines for the treatment of common primary health care mental problems	Friedderg MW, Collan ML, Pearson SD, Neimann KP, Zheng J, Singer JA, et al: Doss affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22:1385-1392, J Kinipps DS, Boerna WG, Hutchinson A, van nedez Zee 6455, Groenewegen PP. The breadth of primary care: a pyletimate literature review of list core dimensions. SMC Health Sen Ness. 2010;10:56. Psichberd 2010 Mar 13. doi:10.1169/1475-6365-10-56
				Acute /					Nayer J, et al. The influence of specific chronic somatic conditions on the care for comorbid depression in general practice. Psychol Med 2008,38:265-77. If Switch M.M., et al. Cross-generational comparison of dispensed pharmacortherapy for depression. In H. Specific and Care Charles A. Specific and Ch
2	88	Antidepressant treatment	Process	Chronic	Treatment	Effective	P - Psychological	Patients under artidepressant treatment	
2	89	Adequate pharmacotherapy (adequate treatment follow-up)	Process	Acute / Chronic	Follow up and continuity	Effective	P - Psychological	Adequate pharmacotherapy (adequate treatment follow-up)	Korphy P. Crom NH. Medication management of depression the impact of control defends on Engineering P. P. Crom NH. Medication management of depression in the impact of control density in the control of the impact
				\Box					Dishour A at all Guidalina concordance of treatment for decrease in Canada. Soc Pourbisto Psychiatr Epidemid 2009-M-185.02 // University Lat all Decrease in treatment in a second of 4 801 decreased older adults in reinvoy
2	90	Minimally adequate treatment (adequate pharmacotherapy and/or adequate psychotherapy)	Process	Acute / Chronic	Treatment	Effective	P - Psychological	A minimum visits over a given time period and/or A minimum lenght of visits over a given time period (six or more psychotherapy sessions in the first 6 months after depression diagnosis)	care. J. Am Gledard Soc 2003.5 19-01. It all Disparation in displaced and placed by general practions Placed by terman applicability (Sen Hosp Psychiatry 2010;32: 201–8. Il Boarnisch S. et al. Who receives depression-specific heatment A secondary statistics and analysis of outpatient care received by over 700,000 statistory heatment and individual disparaced sensions. See Psychiatry 2010;32: 201–9. Il Boarnisch S. et al. Who receives depression-specific heatment A secondary statistics and analysis of outpatient care received by over 700,000 statistory heatment and individual disparaced sensions. See Psychiatry Psychiatr Epidemiol 2012;27:178–86.
\vdash				Acute /		Patient-			receives depression-specific treatment? A secondary databased analysis of outpatient care received by over 780,000 statutory healthinsured individuals diagnosed with depression. Soc Psychiatry Psych
2	91	Treatment changes	Process	Chronic	Treatment	centered	P - Psychological	Number of prescription changes	provided primary care patients with major depression. Arch Fam Med 2000;9:150-4. If Wang PS, et al. Suboptimal articlespressant use in the elderly. J Clin Psychopharmacol 2005;25:118-26. Senence R. Red R. Avenua L. Gooley G. Cambriel M. Rosal College of
3	92	Prescription of a benzodiazepine or Z drug for ≥21 days, in a patient aged >65 years not receiveing BZD on a long term basis	Process	Acute / Chronic	Treatment	Safe	P - Psychological	Prescription of a benzodiazepine or Z drug for ≥21 days, in a patient aged >65 years, who is not receiving benzodiazepines or Z drugs on a long-term basis	Job JH, Solave FX, Muharat BH, Reynolds CF, Lerone EJ. Predictors of adequacy of depression management in the primary care setting Psychiatr Serv 2005;56(12):1524-8. If Rost K et al. The role of competing demands in the beatment provided primary care patients with major depression. Arch Fam Med 2000;9156. 4. If Warp TS, et al. Shoppinal antidopressant use in the letter, J. Clin Psychophamical 2006;25:119-26. Specier R, Relli, Anny AJ, Coolegy C, Competition of an updated set of precisions—safety and provided and provid
3	93	initiation of prescription of benzodiazepine or Z drugs for ≥21 days in a patient accd >65 years with depression	Process	Acute / Chronic	Treatment	Safe	P - Psychological	Initiation of prescription of berzodiazepine or Z drugs for ≥21 days in a patient aged >65 years with depression	Spencer R, sen B, wen ye, cooking G, cooking G, cooking G, cooking G. Cooking College of 529 General Practitioners, identification of an undated set of prescribing-
		aged >65 years with depression Antipsychotics prescribed for >6 weeks in the over 65s with dementia but not	_	_	_				530 Indicators for GPR. Br. J Gen Phart. 2014;44(IZ1):e181-80. Spencer R, Bell B, Avery AJ, Gookey C, Campbell SM. Royal College of 525 General Plantitioners. Intellification of an updated set of prescribing-asfety
3	94	prescribed for the control of the co	Process	Acute / Chronic	Treatment	Safe	P - Psychological	Antipsychotics prescribed for >6 weeks in the over 65s with dementia but not psychosis	
7	95	Access to depression and anxiety treatment	Process	Acute / Chronic	Treatment	Timely	P - Psychological	Access to services of psychological therapy and medicamentous treatment	Shield T, Campelo S, Rogers A, Worral A, Chew Garbann C, Gask L, Qualify indicators for primary care mental health
	96	Percentage of patients with a new diagnosis of dementia with record of tests	Process	Acute / Chronic	Diagnosis	Safe	P - Psychological	Patients with a new diagnosis of dementia that were submitted to tests that excluded organic reasons.	services. Qual Saf Health Care 2003;12:100-6. Lake R, Georgiou A, LI J, LI L, Byrne M, Robinson M, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):616
-	97	to exclude reversible cause Percentage of patients with new diagnosis of depression with review soon	1100000	Acute /	-				
8	97 98	after diagnosis	Process	Chronic	Treatment Follow up and	Effective	P - Psychological	Patients with new diagnosis of depression with review soon after diagnosis Coordinated care requires the identity of the current key-worker' (usually a social worker or community osvehiatric nurse) to be available.	Lake R, Georgiou A, Li J, Li L, Byrne M, Robinson M, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):617 1. Holden J. An audit of the care of 266 patients with schizophrenia in 16 general practices. Irish J Psychologic Med 1998; 15(2): 61-63. IJ 2. Kronenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary
4		Coordinated care	Process		continuity	Effective	P - Psychological		care quality indicators for people with serious mental illness: a systematic review. The British journal of general practice: the journal of the Royal College of General Practitioners. 2017;67(661):e519-e30.
4	99	Staff continuity (turnover)	Structure	AI	Al	Effective	P - Psychological	Good communication between staff and infrequent staff change (turnover - replacing an employee with a new employee. A health organization's turnover is measured as a percentage rate, which is referred to as its turnover rate). Turnover rate is the percentage of employees in a wonforce that have during a certain period of time. Breakdowns between organizations and employees may crossit of demissal, reference, feath, finet-agency transfers, and washing the contraction of the contracti	Sweeney A, Rose D, Clement S, et al. Understanding service user-defined continuity of care and its relationship to health and social measures: a crosssectional study. BMC Health Serv Res 2012; 12: 145. — [2. Warren B. Turmover: The Cost, the Causer, and a Sustainable Solution, http://doi.org/10.1006/s006/10.1006/s006/10.1006/s006/10.1006/s006/10.1006/s006/10.1006/s006/s006/s006/s006/s006/s006/s006/
4	100	Continuity of care	Process	Chronic	Follow up and	Patient- centered	P - Psychological	Patient questionnaire (CONNECT) with 72 Items, each rated on a five-point scale, with 13 scales and one single-item indicator: General coordination — 'Overall, is your mental health treatment well coordinated'? Primary care scales — 'How often is psychiatrist in contact with your primary care doctor?' The measure is administered in	1. Ware NC, Dickey B, Tugenberg T, McHorney CA. CONNECT: a measure of continuity of care in mental health services. Ment Health Serv Res 2003; 5(4): 209-221. 2. Kronenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. The British journal of general practice: the journal of the Royal College of General Practitioners. 2017;67(8): 1965 19-630.
4	101	Register of all serious mental illness patients	Process	Chronic	Diagnosis	Effective	P - Psychological	interview format. Practice can produce register of all serious mental illness patients	1. Lester H, Tritter JQ, Sorohan H. Managing crisis: the role of primary care for people with serious mental illness. Fam Med 2004; 36(1): 28–34. 2. Kronenberg C, Doran T, Goddard M, Kendrick T, Gibody S, Dare CR, et al. Identifying
+		· · · · · · · · · · · · · · · · · · ·							primary care quality indicators for people with services mental literas: a systematic review. The British journal of general practice: the journal of the Royal College of General Practitioners. 2017;87(89);16(51):6(1):6(1) Codistrol M. Kerdrick T, Gibory S, Dans CR, et al. Identifying the quality of mental health care: consernus perspectives from selected industriatand countries. Adm Policy with Health 2015;42(1): 288–295. [] 2 Kronenberg C, Duran T, Goddard M. Kerdrick T, Gibory S, Dans CR, et al. Identifying primary care quality indicators for people with services mental literas: a systematic review. The British journal of general practice: the journal of the Royal College of General
4	102	Service user registration with a primary health care service	Process	AI	Diagnosis	Effective	A - General and unspecified	Service user registration with a primary health organisation	
4	103	Markers of care recorded	Process	AI	Al	Effective	P - Psychological	Markers of care recorded: contact with secondary health services, written care plans, 6-month mental health review, identified care coordinator, evidence of physical examination	1. McCulagh M, Morley S, Dodwel D. A systematic, confidential approach to improving community care for patients with non-affective psychosis. Prim Care Psychiatr 2003; 8(4): 127–130. 12. Knonenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality inclinators for poople with serious mental lifeses: a systematic review. The British Journal of general practice: the journal of the Royal College of General Practitioners.
				1				CARLET NADOLI	
\vdash									 Sweeney A, Rose D, Clement S, et al. Understanding service user-defined continuity of care and its relationship to health and social measures: a crosssectional study. BMC Health Serv Res 2012; 12: 145 2. Kronenberg C, Doran T,
4	104	Access to services	Process	AI	Al	Equitable	P - Psychological	Access to services (primary and mental health care) and range of services related	 Sweeney A, Rose D, Clement S, et al. Understanding service user-defined continuity of care and its relationship to health and social measures: a cross-sectional study. BMC Health Serv Res 2012; 12: 145 [3.2 Knorenberg C, Doran T, Goddard M, Kendrick T, Gibbody S, Dare CR, et al. Identifying primary care quality indicators for people with servicus mental librars: a systematic review. The British purnal of general practice: the journal of the Royal College of General Practitioners. 2017;67(661):e519-e30.
4	104	Access to services Family care	Process Process	AI AI	Al	Equitable Effective	P - Psychological P - Psychological	Access to services (primary and mental health carre) and range of services related Record of families living with person with schizophrenia	1. Seeiney A. Rose D. Chemer St., et al. Understanding severe user-defined continuing of care and its relationship in Neath and cool immessives a crossocionic alluly, IBMC Health Serv Res 2012 (2.1 1-6.1); E. Wonneberg C. Doren T. Goodsof St. Kennich A. (Blobby S. Barris C. et al. Morthly Service and a service and several relationship in the service and service an

4	106	Mental health review by General Practictioner	Process	Chronic	Follow up and continuity	Effective	P - Psychological	Percentage of patients given annual mental health review by General Practicioner	Kronerberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. The British journal of general practice : the journal of the Royal College of General Practitioners. 2017;67(681):e519-e30.
4	107	Informal carer	Structure	Chronic	All	Effective	P - Psychological	If exists, the number of informal carer contacts	Kronenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. The British journal of general practice: the journal of the
4	108	Employment status	Structure	AI	Al	Patient- centered	P - Psychological	Information on employment status	Noval College of General Practioners. 2017;9(60) 193-194. Brisish prices a systematic review. The British journal of general practice: the journal of the Royal College of General Practioners. 2017;9(60) 193-194.
1	109	Prevalence of mental disorders	Outcome	Chronic	Diagnosis	Effective	P - Psychological	Patients with mental disorders in a moment of time in a population	Friedzeg MW, Colin KL, Pearson SD, Kleirman KP, Zheng J, Singer JA, et al: Does affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22:1385-1392. Kiringos DS, Boerma WG, Hatchinson A, van der Zee 465 J, Groenwegen PP. The breadth of primary care: a systematic iterature review of its core dimensions. BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1189/1472-4965-10-65
7	110	Need for accessibility	Structure	AI	Treatment	Timely	P - Psychological	Access to attendence including out-of-hours point of contact	Shield T, Campbell S, Rogers A, Worrall A, Chew-Graham C, Gask L. Quality indicators for primary care mental health services. Qual Saf Health Care 2003;12:100-6.
7	111	Practice policies and procedures	Process	AI	All	Effective	Not Defined	If there are policies and standard procedures	Shield T, Campbell S, Rogers A, Worrall A, Chew-Graham C, Gask L. Quality indicators for primary care mental health services. Qual Saf Health Care 2003;12:100-6.
7	112	Information for patients and carers	Process	AI	Al	Patient-	P - Psychological	If there is given adequate information for patients and carers. Patients are given information about their condition, treatments, medication (including side effects) and coping strategies. Information (i.e. practice information leaflets, health promotion leaflets) is easy to understand and available in appropriate languages for patients and	Shield T, Campbel S, Rogers A, Worrall A. Chew-Graham C, Gask L. Qualty indicators for primary care mental health services. Qual Saf Health Care 2003;12:100-6.
7	113	Up-to-date and confidential medical record keeping	Process	AI	Follow up and	Patient-	Not Defined	carers whose first tanguage is not English. Up-to-date and confidential medical record keeping	Shield T. Camobel S. Rooers A. Worrall A. Chew-Graham C. Gask L. Quality indicators for primary care mental health services. Qual Saf Health Care 2003:12:100-6.
<u> </u>	114		Process	AI	continuity	centered Patient-	Not Defined	Provide forms and settings for confidentiality and consent for patients under treatment	Shield T, Campbel S, Rogers A, Worrall A, Chew-Graham C, Gask L. Quality indicators for primary care mental health services. Qual Saf Health Care 2003;12:100-6.
		Confidentiality and consent				centered			
8	115	Register of patients with dementia	Structure	Chronic	Diagnosis	Effective	P - Psychological	Number of patients registered with dementia diagnosis	Lake R, Georgiou A, Li J, Li L, Byrne M, Robinson M, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):614
8	116	Register of patients with learning disability	Structure	Chronic	Diagnosis		P - Psychological	Number of patients registered with learning disability	Lake R, Georgiou A, Li J, Li L, Byrne M, Robinson M, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):618
8	117	Register of patients with serious mental health problems Percentage of patients with serious mental health problems with	Structure	Chronic	Diagnosis Treatment	Effective Effective	P - Psychological P - Psychological	Number of patients registered with serious mental problems % of patients with serious mental health problems with comprehensive care plan	Lake R, Georgiou A, Li J, Li L, Byrne M, Robinson M, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):619 Lake R, Georgiou A, Li J, Li L, Byrne M, Robinson M, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):520
32	118	comprehensive care plan Burdens in Oral Surgery Questionnaire (BiOS-Q)	Outcome	Al	All	Patient-	D - Digestive	% or patients with serious mental neatin processing with comprehensive care plan Patient satisfaction scale of the perceived burdens of the processes of dental treatment during oral surgical procedures	Reissmann DR, Semmusch J, Farhan D et al. Development and validation of the Burders in Oral Surgery Questionnaire (BiOSO). J Oral Rehabil 2013 40: 780–787.
32	120	Runders in Prosthetic Dentistry Questionnaire (BIPD-Q)	Outcome	Al	Al	centered Patient-	D - Digestive	Patient satisfaction scale of the perceived burdens of the processes of dental treatment during prosthetic dental procedures	Heissmann DR, Hacker T, Fanhan D et al. The Burdens in Prosthetic Dendstry Questionnaire (BPD-Q): development and suitablish of a gate et al. (Burdens in Prosthetic Dendstry Questionnaire (BPD-Q): development and suitablish of a gate et alexed measure for process-related gailty of care in prosthetic dendstry, let J Prosthodort 2013 db 20-259. It 2 Hacker T. Herdedact G. Reissmann DR Impact of procedures during constitutions between constitution contents for contents during the contents of procedures and in a contribution between the contents of contents during the contents of procedure and in a content of procedure and in a
32	121	Dental Management Survey Brazil (Dimension 6) (DMS-BR)	Outcome	AI	Al	centered Safe	D - Digestive	Self-assessment tool for use by dentists and practice managers to assess the quality of safety and organisational aspects of dental care delivery	
32	122	Dental patient feedback on consultation skills (DPFCS)	Outcome	AI	All	Patient- centered	D - Digestive	Patient satisfaction scale on the quality of information provided by the dentist to patients in consultations and the atmosphere of trust generated	Cheng BS, McGrath C, Bridges SM et al. Development and evaluation of a Dental Patient Feedback on Consultation skills (DPFC) measure to enhance communication. Community Dent Health 2015 32: 286–230. If Worg HM, Bridges SM, McGrath CP et al. Impact of prominent themes in childran-patient conversations on caregiver's perceived quality of communication with paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived quality of communication with paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived quality of communication with paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived quality of communication with paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived quality of communication with paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived quality of communication with paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived quality of communication with paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived quality of communication with paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived quality of communication with paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived quality of communication with paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived and paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived and paedatric dental visits. PLoS ONE 2017 12: additional conversations on caregiver is perceived and paedatric dental visits.
32	123	Dental Satisfaction Questionnaire (DSQ)	Outcome	AI	Al	Patient- centered	D - Digestive	Patient satisfaction scale, assessing ease of access, communication and thoroughness of care	Bübers AV, Wars ES. Jr. Messuring patient sathstodom with orient care. Soc Sol Med. 1981 16: 755-750 / Lee CT, Zanag S, Leung YV et al. Patient's satisfaction and prevailness of complications on surgical entraction of the mice. Patient Peders Advances 2019 5: 227-503. (https://doi.org/10.0007/
32	124	Dental Visit Satisfaction Scale (DVSS)	Outcome	AI	All	Patient- centered	D - Digestive	Patient Satisfaction scale, communication of orall health, rapport with dentist and confort during treatment	#Scrath N. O'Shea RM. Post Let al. Development of a paint measure of satisfaction with the ceretix the Destriction of the Scrath Verification of the Destriction of the Destriction of the Scrath Verification of the Scrath Verification of the Scrath Verification of the Destriction of the Scrath Verification of the Scrath Verification of the Scrath Verification of the Destriction of the Scrath Verification of Scrath Acta October 18 Scrath Verification of the Scrath Verification of the Destriction of the Scrath Verification of the Scrath Verification of the Scrath Verification of the Scrath Verification of Scrath Verification of the Scrat
32	125	Quality from the Patient's Perspective Questionnaire	Outcome	AI	All	Patient- centered	D - Digestive	Patient satisfaction scale regarding the communication, information given and environment of care deliver	Larsson BW, Bergatrom K. Adolessents' perception of the quality of orthodontic treatment. Scand J Caring Sci 2005 19: 95–101.
32	126	Survey of Organisational Aspects of Dental Care (SOADC)	Process	AI	All	Effective	D - Digestive	Self-assessment tool of structural elements of the delivery of dental care, with focus on teamwork, leadership and the implementation of change within a practice	Goetx I, Hasse P, Szeczeny I, J et al. Questiomaire for measuring organisational attributes in dental-care practices: psycholices for properties and test-releast reliability. Int Dent J. 2016 66:
12	127	Patients' perceptions of hospital cleanliness and hand-washing among	Process	AI	All	Patient-	A - General and unspecified	Patients' perceptions of hospital cleanliness and hand-washing among doctors and nurses	S3-96. 3. Joshi, S.C. & Diwan, Vishal & Tamhankar, Ashok & Joshi, R. & Shah, H. & Shammu, Megha & Pathak, Ashoh & Macaden, Ragini & Salidoly Lundborg, Cecilia, (2012). Qualitative study on perception of hand hygiene among hospital staff in a rural teaching baspital in india. The Journal of
22	128	doctors and nurses Prescribed antibiotics chosen from an essential list/formulary	Process	Al	Treatment	centered Effective	A - General and unspecified	Percentage of druss prescribed from essential druss list or formularly	
22	129	Possible contraindications should be taken into account when antibiotics are	Process	Al	Treatment	Effective	A - General and unspecified	Number of prescription including letracyclines to a pregnant woman	International multidisciplinary consensus procedure. The Journal of artificioshial chemotherapy, 73(opg) 61, 644-548, 0e.10 (1903)policity 17 6. Le Mantchal, M., Tebano, G., Monnir, A. A., Adriamensens, N., Opsens, C. C., Harber, B ORNIE-AB WPF group, (2015). Quality infections assessing artification can be objected by an international multidisciplinary consensus procedure. The Journal of artificioshial chemotherapy, 73(opg) 61, 460-446, doi:10.1093/policity171 international multidisciplinary consensus procedure. The Journal of artificioshial chemotherapy, 73(opg) 61, 460-446, do:10.1093/policity171
22	130	prescribed Standard antibiotic treatment guidelines available in health facilities	Process	Al	Treatment	Effective	A - General and unspecified	Availability of Standard antibiotic treatment guidelines at public health facilities	
22	131	Health facilities should have access to the Summary of Product Characteristics of prescribed antibiotics, written in a local language	Process	Al	Treatment	Effective	A - General and unspecified	Health facilities with access to the summary of product characteristics in a local language	Extendional multiflactions consenses smoothers. The Journal of arthriticobial chemotherapy. 7 Journal (s), wido-widd, dot 10,1999 laciders 11, 1997 laciders as sensing arthrition can be equipmented by the control of the Martichal, M., Tebano, G., Morrier A. A., Advancesses, N., Gyssens, L. C., Harter, B 1998 Feb. Will Pripage (2018). Quality in discases assessing arthrition can be equipmented setting a systematic review followed by an electrical multiflactions common procedure. The Journal of arthritional februaries grant public global-wide dot (10) Stabilized virial control of the Journal of arthritional februaries grant g
22	132	Characteristics of prescribed antibiotics, written in a local language Antibiotics not to be sold without prescription	Process	All	Treatment	Safe	A - General and unspecified	Percentage of prescription medicines bought with no prescription	
22	133	Outpatients and Outpatient Parenteral Antibiotic Therapy patients with an antibiotic prescription should be educated on how to take it, on the dosage, on expected side effects, and on the natural history of the disease	Process	AI	Treatment	Safe	A - General and unspecified	Patients knowledge of correct dosage	international middiscipleny consensus procedure. The Journal of artificiobal chemotherapy, Tilegas (3, wid5-wid4, part 10 (938)pacidy+177 6. Le Martchal, M., Tebano, G., Morrier, A. A., Adiaenssens, N., Gyssens, L. C., Hutfer, B., (19NY-88 WPT) group (2018). (3) (wild) indications assessing artificials cause in the outgained setting a systematic review followed by an international indisciplentary consensus procedure. The Journal of atternational chemotherapy, Tilegas (5), wid5-wid4, actic 10 (1938)pacidy+177 settlements and the setting of the control of atternational chemotherapy, Tilegas (5), wid5-wid4, actic 10 (1938)pacidy+177 settlements and the setting of the control of atternational chemotherapy, Tilegas (5), wid5-wid4, actic 10 (1938)pacidy+177 settlements and the setting of the control of atternational chemotherapy, Tilegas (5), wid5-wid4, actic 10 (1938)pacidy+177 settlements and the setting of the control of atternational chemotherapy, Tilegas (5), wid5-wid4, actic 10 (1938)pacidy+177 settlements and the setting of the control of atternational chemotherapy, Tilegas (5), wid5-wid4, actic 10 (1938)pacidy+177 settlements and the setting of the control of atternational chemotherapy, Tilegas (5), wid5-wid4, actic 10 (1938)pacidy+177 settlements and the setting of the control of atternational chemotherapy, Tilegas (5), wid5-wid4, actic 10 (1938)pacidy+177 settlements and the setting of the control of atternational chemotherapy, Tilegas (5), wid5-wid4, actic 10 (1938)pacidy+177 settlements and the settlements are settlements are settlements and the settlements are settle
30	134	Antibiotic percentage of first step antibiotics	Process	AI	Treatment	Effective	A - General and unspecified	Antibiotic percentage of first step antibiotics	9. Fernández Umusuro, Rocio & Fibres Dorado, Macamen & Moreno-Campyo, Es à Cammen Montero-Balsas, M. (2014). Selección de indicadores para la montribración continua del impacto de programas de optimización de uso de ambiento de la montribración de la montribración continua del impacto de programas de optimización de uso de ambiento de la montribración de la montribración continua del impacto de programas de optimización de uso de ambiento de la montribración de uso de la montribración de la montribración de la montribración de uso de la montribración de la montribración de uso de la montribración
30	135	Cephalosporin consumption rate	Process	All	Treatment	Effective	A - General and unspecified	Cephalosporin consumption rate	9 Fernández Umsuro, Rocio & Fibres Dosato, Macemara & Morenco Primas, Enfermedades Historicosas v Microbiolosia (Dinis, 3.1), 0/10/6/am. 20/14/2/011. 9 Fernández Umsuro, Rocio & Fibres Dosato, Macemara & Morenco Propo, Esa & Camen Morten Balsasa, M. (2014). Selección de indicades posi in montristación contribus del impacto del proportio del proporti
30	136	Consumption rate of antibiotics for systemic use	Process	AI	Treatment	Effective	A - General and unspecified	Consumption rate of antibiotics for systemic use	9. Fernández Urrusuno, Rocio & Fibres Dorado, Macarena & Moreno-Campoy, Eva & Cammen Montero-Balosa, Mr. (2014). Selección de indicadores para la monitorización continua del impacto de programas de optimización de uso de
30	137	Consumption rate of macrolides, lincosamides and streptogramins	Process	AI	Treatment	Effective	A - General and unspecified	Consumption rate of macrolides, lincosamides and streptogramins	antimicrobianos en Alexioin Primaria. Enfermedades Infeccionas y Microbiologia Cilinica. 33: 10. 1016/j. emir. 2014 (27 ort.) 9. Fernández Umusuro, Rocio & Flores Dorado. Macamenta Macemo Lampo, En Adament Name Mariante, M. (2014). Selección en industriore para la montivaración continua del impacto de programas de optimización de sos de antimicrobianos en Alexioin Primaria. Enfermedades Infeccioses y Microbiología (Cilinica. 33: 10. 1016/j.emc. 2014 (27 ort.) 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
30	138	Percentage of 3rd generation cephalosporins	Process	AI	Treatment	Effective	A - General and unspecified	Percentage of 3rd generation cephalosporins	9. Fernancez Urrusuno, kocio & Fores Dorado, Macarena & moreno-Lampoy, Eva & carmen Momero-Lamboy, M. (2014). Seecolon de indicadores para la montorización continua del impacto de programas de optimización de uso de aplinicionidados, en Atención Primaria Enferience Indicados Inferciosas y Mismobilopias Cibina: 33, 10 1010/il elimbo 2014 07 011
0	139	Percentage of antibiotics of first step antibiotics in pediatrics (<15 years)	Process	AI	Treatment	Effective	A - General and unspecified	Percentage of antibiotics of first step antibiotics in pediatrics (<15 years)	9. Fernández Umusuno, Rocio & Flores Dorado, Macarena & Moreno-Campoy, Eva & Carmen Montero-Balosa, M. (2014). Selección de indicadores para la monitorización continua del impacto de programas de optimización de uso de antimicrobianos en Alención Primaria. Enfermedades infecciosas y Microbiología Clínica. 33. 10.1016/j.eimc.2014.07.011.
30	140	Percentage of combinations of penicilins and beta-lactamase inhibitors	Process	AI	Treatment	Effective	A - General and unspecified	Percentage of combinations of pericilins and beta-lactamase inhibitors	9. Fernández Unsuuro, Rocio & Fores Darado, Mazarena & Moreno-Campoy, Eva & Camen Montero-Babboa, M. (2014). Selección de indicadores para la monitorización continua del impacto de programas de optimización de usos de antimicordances en America Phinaica Enferimedades indecidades y eléccións para Microbiológico (Erica, 33, 10). (1016) en Entre 2014 (2014). El 1016. El 1017. P. (2014). El 1016. El 1017. P. (2014). El 1017. E
30	141	Percentage of fluoroquinolones	Process	AI	Treatment	Effective	A - General and unspecified	Percentage of fluoroquinolones	9. Fernández Umusuno, Rocio & Fibres Dorado, Macarena & Moreno-Campoy, Eiva & Carmen Montero-Balosa, M. (2014). Selección de indicadores para la monitorización continua del impacto de programas de optimización de uso de antimicroblanos en Alención Primaria. Enfermedades Infecciosas y Microbiología Clínica. 33. 10.1016 jelmc. 2014.07.011.
30	142	Percentage of macrolides	Process	AI	Treatment	Effective	A - General and unspecified	Percentage of macrolides	9 Fernández Umsuro, Rocio & Flores Dorado, Macarera & Morero-Campoy, Esu & Camren Montero-Balosa, M. (2014). Selección de indicadores para la monitorización continua del impacto de programas de optimización de sou de antimicroblance en Alencido Pirenata. Enferendados infecciosos y Monteólogía Cirica s. 33. (0.1016) jenez (2014 2011 1.1. Sanchez, C. V., Saupiro, D. J., Hends, A. L., Holds, L. A. & Permig Dana, K. E. (2017). Optimient Microbio. Artifición Procisión para la fulla del Servición dessessas, 44, (1.014). 2003. dels (1.014). 1004. 2003. dels (1.014). 1004. 2003. dels (1.014). 1004. 1004. dels (1.014). 1004.
30	143	Percentage of second step antibiotics in pediatrics (<15 years)	Process	AI	Treatment	Effective	A - General and unspecified	Percentage of second step antibiotics in pediatrics (<15 years)	9. Fernández Limusuno, Rocio & Flores Dorado, Macanena & Moreno-Campoy, Eva & Camen Montero-Babosa, M. (2014). Selección de indicadores para la monitorización continua del impacto de programas de optimización de uso de artímizorbásnos en Atendrón Primaria. Enfermedades infecciosas y Minciplosigia Cirlica. 33. 10.1016) jeine. 2014; 87.011. 2. Roganesi, E. T., Batta-Mille, J. A., Seldman, J. (.), John, S., Mahirz, M., Usia, M., Guernant, R. L. (2016). Use of artíficios in children younger frant nou years in egit courties: a prospective monte study. Balletin of the World Health Corporation, 1961; 14-96.11, doi:10.1247/IBI.11.6178123.
30	144	Percentage of second-tier antibiotics	Process	AI	Treatment	Effective	A - General and unspecified	Percentage of second-tier antibiotics	5 Frendete Unions, Public & Prime Drants, Moseman Management and Control Contr
30	145	Percentage of third-tier antibiotics	Process	AI	Treatment	Effective	A - General and unspecified	Percentage of third-tier antibiotics	9 Fernández Unsuaro, Rocio S Piese Dorado, Macamen & Moreno-Campoy, Es a Camen Moreton-Balson M. (2014). Selección de indicatores para in innotivación continua del impacto de programas de optimización de uso de antimicrobianos en Aleroción Fernanta. Enferencidates infeccionas y Microbiologia Cirina. 33. 10. 1016/j.eine. (2014 07 511. 12. Rogeank). E. T., Pelatr-Malla, J. A., Selectra, J. C., Selfra, M., Liak, M
30	146	Third-tier antibiotics in pediatrics (<15 years)	Process	AI	Treatment	Effective	A - General and unspecified	Percentage of third-lier antibiotics in pediatrics (<15 years)	9 Fernández Umsuro, Rocio á Fibrer Donado, Macarera & Merco-Curpop, Era & Camera Molectro-Babra, M. (2014), Selección de indicadense para la monitorización combras del impacto de programas de optimización de sos de artímicroblanos en Alexnón Primaria. Enfermedades infecciosas y Microbiologia Clinica 33: 10: 010(g) emz. 2014 279.11: 2. Roganalá. E. F., Palla-Mila, J. A., Selemon, J. C., John S., Marter, M. (Jul. M Guerrant R. L. (2019), Use of artificios in criticidarios inclinica in superfix antivera superfix antivera superfix antivera superfix antivera superfix monitoris aproportion choral study. Biomachina of the World Head Primariation, 19(1), 48-40. doi: 10.127/18/11. 18. 17.15723.
3	147	Informational continuity of care	Process	AI	Follow up and continuity	Patient- centered	Not Defined	An organized collection of each patient's medical information readily available to any health case provider caring for the patient. This can be reached through medical record lengthing distinct support and referral systems	1. Mirgo, D. S., Boerma, W. G., Haldhirson, A., van der Zee, J. & Gronerwagen, P. P. (2010). The treadth of primary care: a systematic literature review of its core of afministrosis. SBMC Health Services Research, 10(1) / J. Egypti V. Campbell, S. Lautzbreigh, V. Lamendo, V. Lautzbreigh, V. Lamendo, V. Lautzbreigh, V. Lamendo, V. Lautzbreigh, V. La
3	148	Availability: Number of physicians per unit of population	Structure	AI	All	Efficient	Not Defined	Number of physicians per unit of population	Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic iterature review of its core dimensions. BMC Health Services Research, 10(1) #2. Ansari, Z. (2007). A Review of Literature on Access to Primary Health Care. Australian. Journal of Primary Health 13/91. 80
3	149	Availability: Number of hospital beds per unit of population	Structure	AI	All	Efficient	Not Defined	Number of hospital beds per unit of population	1. Kingso, D. S, Boarma, W. G, Hatchinson, A., un de Ze, J. & Gloromeogra, P. P. (2010). The headth of primary care: a optionate liberate review of its core demonstroal. BMC Health Services Research, 10(1):1/2. Amars, Z. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). The American Access Primary Health 10(2). 8. (2001). The American Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). 8. (2001). A Review of Literature on Access Primary Health 10(2). (2001). A Review of Literature on Access Primary Health 10(2). (2001). A Review of Literature on Access Primary Health 10(2). (2001). A Review of Literature on Access Primary Health 10(2). (2001). A Revie
3	150	Availability: Number of ambulances per unit of population, and per unit of geographic area	Structure	AI	All	Effective	Not Defined	Number of ambulances per unit of population, and per unit of geographic area	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J. & Groeneegen, P. P. (2010). The treath of primary person of the sort of memories. BMC Health Services Research, 10(1) // 2. Ansari, Z. (2007). A Review of Literature on Access to Primary Health Care. Australian Journal of Primary Health, 13(2), 80.
3	151	Accessibility: Accessibility/Remoteness Index of Australia Plus (ARIA+) derived from measures of road distance between populated localities and service centres	Structure	AI	All	Effective	Not Defined	Measures of road distance between populated localities and service centres	Kringos, D. S., Boerma, W. G., Hutchirson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) // 2. Area/r, Z. (2007). A Review of Literature on Access to Primary Health Care. Australian Journal of Primary Health, 13(2), 80.
3	152	Accessibility: Software connecting latitude and longitude of patient post codes with those of hospital post codes allowing mean distance travelled to hospital by patients (children admitted ambulatory care sensitive conditions) to be calculated for individual localities	Structure	AI	All	Effective	Not Defined	Software connecting latitude and longitude of patient post codes with those of hospital post codes allowing mean distance traveled to hospital by patients (children admitted ambitationy care sensitive conditions) to be calculated for individual localities	1. Kingos, D. S., Boerma, W. G., Hulchinson, A., van der Zee, J., & Goreneegen, P. P. (2010). The breadth of primary care: a systematic florature enview of its core demensions. BMC Health Services Research, 10(1) #2. Arean, Z. (2007). A Review of Literature on Access to Primary Health Care. Australan-Journal of Primary Health, 13(2), 80.
3	153	Accommodation "patient-focused on": How early and how late a surgery opened for patient appointments	Process	AI	Treatment	Patient- centered	Not Defined	How early and how late a surgery opened for patient appointments	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) // 2. Ansari, Z. (2007). A Review of Literature on Access to Primary Health Care. Australian Journal of Primary Health, 13(2), 80.
3	154	Accommodation "patient-focused on": Out-of-hours service	Structure	Acute	Al	Patient- centered	Not Defined	Amount of out-of-hours used for the care	1. Kingso, D. S., Boarma, W. G., Hatchinson, A., under Zer, J. & Grosmessign, P. P. (2010). The headth of primary care: a optimistic literature review of its one demonstroal. BMC Health Services Research, 10(1):1/2. Amart, Z. (2001). A Review of Lettature in Access of Primary Health, 12(2), 8(3). 1. Kingso, D. S., Boarma, W. G., Hatchinson, A., under Zer, E. L. & Grosmessign, P. P. (2010). The headth of primary care: a systematic literature review of its one demonstroal. BMC Health Services Research, 10(1):1/2. Amart, Z. (2001). A Review of Literature in Access the Primary years of a systematic literature review of its one demonstroal. BMC Health Services Research, 10(1):1/2. Amart, Z. (2001). A Review of Literature in Concess Friency Health, 10(2), 2001.
3	155	Accommodation "patient-focused on": Practice-based triage services	Process	AI	Screening and prevention	Patient- centered Patient-	Not Defined	Existence of a practice-based triage services	
3	156	Acceptability: Patient Satisfaction	Outcome	Al	Al	Patient- centered	Not Defined	Consumer satisfaction and perceived access derived from postal surveys and focus groups	1. Nergor, U.S., Domiss, W. S., malarison (A., visi one 242, 2.4 deleteration for concess to Primary Head Tuesday on Java Office Internation (A.) (2012) A Review of Lensine on Access to Primary Head Tuesday, A Contraction Java Office Internation Contraction

3	157	Preventive care: HIV screen for prenatal patients	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Preventive care: HIV screen for prenatal patients	1. Kringos, D. S., Boerma, W. G., Halchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marshall M., Klazinga N., Leatherman S, Hardy C, Bergmann E, Pisco L, et al: OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
3	158	Preventive care: Bacteriuria screen for prenatal patients	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Preventive care: Bacteriuria screen for prenatal patients	1. Kringos, D. S., Boerma, W. G., Halchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marshall M., Klazinga N., Leatherman S, Hardy C, Bergmann E, Pisco L, et al: OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
3	159	Preventive care: Immunizable conditions	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Preventive care: immunizable conditions	1. Kringps, D. S., Boerma, W. G., Hultchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marshall M. Klazinga N., Learherman S, Hardy C, Bergmann E, Pisco L, et al. CECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
3	160	Preventive care: Low birth weight rate	Outcome	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Preventive care: Low birth weight rate	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marshall M., Klazinga N., Leatherman S., Hardy C., Bergmann E., Pisco L., et al: OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
3	161	Preventive care: Adolescent immunization	Process	Preventive	Screening and prevention	Effective	A - General and unspecified	Preventive care: Adolescent immunization	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marshall M. Klazinga N. Leatherman S. Hardy C, Bergmann E, Pisco L, et al: OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppt 1):21-25.
3	162	Preventive care: Anaemia screening for pregnant women	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Preventive care: Anaemia screening for pregnant women	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marshall M. Klazinga N. Leatherman S. Hardy C, Bergmann E, Pisco L, et al: OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. let J Qual Health Care 2006, 18(Suppt 1):21-25.
3	163	Preventive care: Cervical gonorrhoea screening for pregnant women	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Preventive care: Cervical gonorrhoea screening for pregnant women	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marshall M, Klazinga N, Leatherman S, Hardy C, Bergmann E, Pisco L, et al: OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
3	164	Preventive care: Hepatitis B screen for pregnant women	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Preventive care: Hepatitis B screen for pregnant women	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marshall M, Klazinga N, Leatherman S, Hardy C, Bergmann E, Pisco L, et al: OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
3	165	Preventive care: Hepatitis B documentation in record at time of delivery	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Preventive care: Hepatitis B documentation in record at time of delivery	Kirippo, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marchall M., Klazinga N., Leatherman S., Hardy C., Bergmann E., Pisco L., et al. OECD Health Care Quality indicator Project. The expert panel on primary care prevention and health promotion. Int J. Qual Health Care 2006, 18(Suppl 1):21-25.
3	166	Preventive care: Hepatitis B immunization for high-risk groups	Process	Preventive	Screening and prevention	Effective	A - General and unspecified	Preventive care: Hepatitis B immunization for high-risk groups	Kirippo, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marchall M., Klazinga N., Leatherman S. Hardy C., Bergmann E., Pisco L., et al. OECD Health Care Quality indicator Project. The expert panel on primary care prevention and health promotion. Int J. Qual Health Care 2006, 18(Suppl 1):21-25.
3	167	Preventive care: Influenza vaccination for high-risk groups	Process	Preventive	Screening and prevention	Effective	A - General and unspecified	Preventive care: Influenza vaccination for high-risk groups	Kirippo, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marchall M., Klazinga N., Leatherman S. Hardy C., Bergmann E., Pisco L., et al. OECD Health Care Quality indicator Project. The expert panel on primary care prevention and health promotion. Int J. Qual Health Care 2006, 18(Suppl 1):21-25.
3	168	Preventive care: Pneumococcal vaccination for high-risk groups	Process	Preventive	Screening and prevention	Effective	A - General and unspecified	Preventive care: Pneumococcal vaccination for high-risk groups	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marchall M., Klazinga N., Leatherman S., Hardy C., Bergmann E., Pisco I., et al. (ECCD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J. Qual Health Care 2006, 18(Suppl 1):21-25.
3	169	Quality of maternal and child health care: maternal mortality rates	Outcome	Preventive	Screening and prevention	All	W - Pregnancy, Childbearing, Family Planning	Matemal mortality rate	1. Kirgap, D. S., Borran, W. G., Hachtenon, A., ron de Zo, L. & Groneceage, P. P. (2010). The breadth of primary care a systematic literature review of its core discontinuous relative agrantism of control and primary care and previous relative agrantism of control and primary care primary care primary care primary care provinced for Economic Cooperations and Development (CECC) counters, 1970-1998. Heades Primary Care provinced for Economic Cooperations and Development (CECC) counters, 1970-1998. Heades Primary Care provinced for Economic Activations and Development (CECC) counters, 1970-1998. Heades Primary Care provinced for Economic Activation (CECC) and the State Care (CECC) counters, 1970-1998. Heades Care Counters (CECC) and the State Care (CECC) counters, 1970-1998. Heades Care Counters (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care Counters (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care Counters (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters, 1970-1999. Heades Care (CECC) and the State Care (CECC) counters (CECC) and the Care (CECC) counters (CEC
3	170	Quality of maternal and child health care: occurrence of preventive screening for pregnant women	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Quality of maternal and child health care: occurrence of preventive screening for pregnant women	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1):// 2. Macinizo J. Saraffeld B, Shi L. The contribution of primary care yeteres to health outcomes within Organization for Economic Cooperation and Development (OECD) countries, 1970-1998. Health Serv Res 2003;8:831-865;7:3. Saraffeld B, Shi L, L. Contribution of primary care in the path outcomes within Organization for Economic Cooperation and Development (OECD) countries, 1970-1998. Health Serv Res 2003;8:831-865;7:3. Saraffeld B, Shi L, L. Contribution of primary care in the path of the path
3	171	Quality of maternal and child health care: Infant vaccination	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Quality of maternal and child health care: Infant vaccination	Secretary Community primary user to reason systems as the manufacture of the control of the cont
14	172	Additional mortality avoided	Outcome	Preventive	Al	Safe	A - General and unspecified	Additional mortality avoided	1. Same Contain, M. (2000). Ferrilly resident and extractive statements of the statement of
14	173	Communication centred on the patient (recorded interview and perception of the patient)	Process	AI	AI	Patient- centered	Not Defined	Communication centred on the patient (recorded interview and perception of the patient)	1. Same-Corrobe. M. (2006). Family medicine attributes related to satisfaction, health and costs. Family Practice. (20)3, 188–186. If 2 Wasson M. Exalger AE, Macquisical RP et al. Continuty of understand care in evide from A nanodimised risk. AMA 1848. 28, 222–2147. Il. 9 Hardstell Pursum: Continuity of early impresal practice effection patient statisticans. If Med 1942; 234–1227–1209. I. 4 McCol. A. Poderski P. Gattery J. Smith M. Moore M. Performance indicates for primary care groups: an evidence based approach. Br Med 1949; 317: 1544–1560. If S. Wilson, A. Childs. S. The relationship between consultation length, process and outcomes in general practices a systematic review Br J. Celh Park 2002; 22: 1012–1020. G. Bowert M. Borning, H. Western M. The improci petaler-centered care on outcomes. J Fam Pract 2000; 47: 786–894. If 7 Hestey IA. Examination of primary care characteristics in a community-based disc. J Nais Scholaria 2002; 3: 377–382. If S. Safran DJ. Defining the future of primary care what can we loan from operating a contractive and care of the contractive and care of the care of the contractive and care of the contracti
14	174	GPAS questionnaire (waiting-list time for an appointment with a specific doctor, or any doctor; waiting time spent in the consulting room)	Process	AI	Al	Patient- centered	A - General and unspecified	GPAS questionnaire (validing-list time for an appointment with a specific doctor, or any doctor, walting time spent in the consulting room)	1. Serus Contacts, 14, 17000, Fermity medicine strictures in relative to the control of the cont
14	175	Indicator of continuity in the process (index of modified continuity) and of continuity in the outcomes (acute problems, chronic, prevention and psychosocial)	Process	AI	Al	Effective	A - General and unspecified	Indicator of continuity in the process (index of modified continuity) and of continuity in the outcomes (acute problems, chronic, prevention and psychosocial)	1. Same-Corrolles, M. (2000). Family medicine attributes instant to satisfaction, health and coals. Family Practice, 2033, 108–116. If 2 Wasson, M. (as subject 64. Morplished Fee at Continuty of continuous formation of the Con
14	176	MAAS-gibbal Questionnaire (Quality of communication (MAAS-gibbal Questionnaire), satisfaction (EVA-PAT Questionnaire) and consultation time)	Outcome	AI	Al	Patient- centered	Not Defined	MAAS-global Questionnaire (Quality of communication (IMAAS-global Questionnaire), satisfaction (EVA-PAT Questionnaire) and consultation time)	1. Same-Cornals, M. (2006). Family medicine attributes related to satisfaction, breath and costs. Family Practice. (20), 108–1016. If 2. Wassons M. Explorited R Pet at Contaxity of updated medical care in relative mix Anadomised study of the Peter and Explorited Relative R
14	177	Mortality avoided	Outcome	Preventive	Al	Safe	A - General and unspecified	Mortally avoided	1. Same-Corrolles, M. (2006). Family medicine attributes instant to satisfaction, health and coals. Family Practice, 2033, 108–116. If 2 Wasson JM 12 Wasson JM 1
14	178	Mortality theoretically avoided	Outcome	Preventive	Al	Safe	A - General and unspecified	Mortally theoretically avoided	1. Sans-Corrake, M. (2006). Family medicine attributes related to satisfaction, health and costs. Family Phaticine, 22(3), 308–301. If 2 Wasson, IH. Sawinger AE, Mogeleicki RP et al. Continuity of outpatient medical care in elebry more. Anotherine drail. JAMN 1981, 272-2181-2417. If 3 Highright PL Learnin P. Cohenbury of care in general practice (including and continuity of the second process of the process
14	179	Number and proportion of persons eligible for each preventive intervention among 100 000 citizens	Process	Preventive	Screening and prevention	Effective	A - General and unspecified	Number and proportion of persons eligible for each preventive intervention among 100 000 citizens	1. Same-Cornels, M. (2000). Family medicine attributes related to satisfaction, beath and coats. Family Practice. (20), 108–116. If 2 Wassons JM Explorate Registeries RP et al. Contastly of coats. Family Practice. (20), 108–116. If 2 Wassons JM Explorate Section Registeries RP et al. Contastly of automation prime of practice related in prefer practice effects on optional tradition. BM Mod 198. 2529—1249–1247. If 3 Hydratel Place JM Exploration Place Registeries RP 198. 317: 1584–1580. If 3 Wilson A. Childs S. The institutional between consultation length, process and outcomes in personal practice as systematic review Br. J. Gen Place JM 2000. If 3 Wilson A. (2004. If 3 Wils
14	180	Number of deaths prevented if 100% of the population received the intervention	Outcome	Preventive	Treatment	Effective	A - General and unspecified	Number of deaths prevented if 100% of the population received the intervention	1. Same Cormise, M. (2000). Family models in ethicates initiated its suddention, breath year outs, Family Predice, 22(3), 100–101. If 2. Visiona III. Sealing in Exciption III of the 4. Continuity of control of the initiated interest in the control of the initiated interest in the III of the III o
14	181	Quality of life (CVRS and SF-36)	Outcome	Preventive	Al	Patient- centered	A - General and unspecified	Quality of life (CVRS and SF-36)	1. Sens-Corries M. (2006). Family medicine attributes related to satisfaction, beath and counts. Family Practice, 2020, 300–316. JP. 2 Yasson JH. (2 Passage AE, Macquisine) Rel et al. Continuty of 12247–12301. A feed of the Continue attributes related to a satisfaction, beath and counts. Family Practice, 2020, 300–316. JP. 2 Yasson JH. (2 Passage AE). A feed of the Continue attributes of the Cont
14	182	Questions on satisfaction, communication, personal relationship, awareness of problems and interest in the effects of the problem on personal and family quality of life	Outcome	AI	Al	Patient- centered	A - General and unspecified	Questions on satisfaction, communication, personal relationship, awareness of problems and interest in the effects of the problem on personal and family quality of Me	1. Same Complet. M. (2000). Family models in ethicate initial is suitable-tools, beam and coulds. Family Produce. 22(3), 302–316. J. P. Vassou, P. M. Logderick IP 94 at Contrally of could be a suitable of the county of county
14	183	Reduction in absolute risk	Outcome	AI	Al	Effective	A - General and unspecified	Reduction in absolute risk	1. Sens-Corrollas M. (2006). Family medicine attributes rolated to a satisfaction, health and coacts. Family Practice, 2023, 308–316. If 2 Wasson JM 16 Sensing Pet. Migrotists Pet al. Continuty of a March 16 Sensing Pet. Migrotists Pet al. Continuty of a March 16 Sensing Pet. Migrotists Pet al. Continuty of a March 16 Sensing Pet and Petrol Pe
14	184	Reduction in relative risk	Outcome	Al	AI	Effective	A - General and unspecified	Reduction in relative risk	1. Sens-Cornisk, M. (2005). Family medicine attributes rotated to a satisfaction, health and coats. Family Practice, 20(3), 303–316. If 2. Wasson J. H. (2005), assign R. M. (applicable RP et al. Continuty of all continuous properties of the continuous c
14	185	Resolution capacity	Process	Al	Al	Efficient	A - General and unspecified	Resolution capacity	1. Same Cornible, M. (2000). Family medicine attributes visited to satisfaction, beath and costs. Family Practice. 2(2), 108–116. If 2. Wissons IV. Biospines (B. Registrios RP et al. Contaxity of control for medicine attributes of the control for medicine attributes of the control for medicine attributes. If the control for medicine attributes of the control for medicine attributes of the control for medicine attributes. If the control for medicine attributes of the control for med

15	186	Allopurinol without baseline urea, electrolytes, creatinine and estimated glomerular filtration rate	Process	Chronic	Treatment	Safe	U - Urological	Alloquated willout baseline urea, electrolytes, creativine and estimated glumenular filtration rate	1. Sprace, R. Bell, B., Avery, A. J., Cooley, G., & Camptod, S. M. (2014). Identification of an spatietist sof or prescribey adulty indicators for CPE. Bittish Journal of General Practice, 64((21)), e181–e109. J. Z. Avery, A. Robgers S. Custella, A. et al. A plannancial of information increase (particular increase analysis, Lance 100, 237, 231–231). In General B. AcCourse, C. A. et al. The Noneman Common of Section (100, 100, 100, 100, 100, 100, 100, 100
15	187	Aspirin or clopidogrel prescribed to people with previous pegitic ulcer or gastrointestinal bleed without gastroprotection	Process	Chronic	Treatment	Safe	D - Digestive	Aspirin or clopidagrial prescribed to people with previous people ulter or gastrointestinal bleed without gustroprotection	1. Spreas R, Bell B, Avery, A. J. Cooley, G. & Camphold S. M. (2014). Identification of an updated set of prescribeg-seller indicators for CPs. Bettin. Journal of circumsi Practice, 64(621), e181–e180 J. Z. Avery A. Riogens S. Castella, A. et al. A phase-seller indirectation in the control of the control
15	188	Concurrent use of two Non-steroid anti-inflammatory drugs for more than 2 weeks (not including low-dose aspirin)	Process	Chronic	Treatment	Safe	A - General and unspecified	Concurrent use of two Non-steroid and inflammatory drugs for more than 2 weeks (not including low-dose aspirit)	1. Sprince R, Bell B, Avery, A. J. Cooley, G. & Camptod S. M. (2014). Identification of an updated set of great/beg-padelpy indications for GPBs Bellin Journal of Journal ProcEcts. 64(521); e181–e192 J Z. Jenry A. Notigers S. Castella, A. et al. A phenometric distribution in the processing processing in the Control C
15	189	Concurrent use of warfarin and any antibiotic without monitoring the INR within 5 days	Process	Chronic	Treatment	Safe	K - Cardiovascular	Concurrent use of wenfarin and any antibidic without monitoring the INP within 5 days	1. Sperce R, Bell B, Avery A. J. Cooley, G. & Camphol S. M. (2014). Identification of an updated set of prescribep-selfer indicators for GPs. British Journal of Journal Practice, 64(521), e181–e190. J. Z. Avery A. Rodgers S. Cartella, A. et al. A pharmacols identification in control (e180) and coefficients analysis. Incommon Journal Practice, Control (e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180) and Coefficients analysis. Incommon Journal Practice, 128, 2014 (e181, e180
15	190	Co-prescription of itraconazole with simuestatin, or with atorvastatin at a dose 280mg	Process	Chronic	Treatment	Safe	K - Cardiovascular	Co-prescription of inaconazole with sinvastatin, or with abovestatin at a dose zitibing	1. Sproner, R., Bell, B., Avery, A. J., Cooley, G., & Camptod, S. M. (2014). Identification of an updated set of prescribing-sellely indications for GPB. British Journal of General Practice, 64(621), e181–e180, 2.2. Avery, A. Robgers S. Custella, A. et al. A pharmacolisis of information beneforing price resident on recording control and control interest assignation. In Conference Security, 11, 1174–1174. 2014; 41.2. A 150, Robgers S. Custella, A. et al. A pharmacolisis of information beneforing control and control interest assignation. In Conference Security, 11, 1174. 2014; 41.3. A 150, Robgers S. Custella, 1174
15	191	Co-prescription of lithium with thiszide diuretic	Process	Chronic	Treatment	Safe	K - Cardiovascular	Co-prescription of lithern with thisside duretic	1. Sprone, R., Bell, B., Avey, A. J., Cooley, G. & Camptod, S. M. (2014). Identification of an spatietist set of prescribes passing includes the formation includes processing of the processing
15	192	Co-prescription of trimethoprim with methotrexate for >7 days	Process	Chronic	Treatment	Safe	A - General and unspecified	Ce-prescription of binethopins with methodresists for >7 days	1. Sprince, R., Bell, B., Avey, A. J., Cooley, G., & Camphol, S. M. (2014). Identification of an updated set of prescribey selely indicators for GPs. British Journal of General Practice, 64((2)), 1611–1619. J. J. Avey, J. N. Nogers S. Custrell, A. et al. A pharmacolisis of information beneforing prince for a microscopy and process of the prince of the process analysis. In Society 171, 271–271. Apr. (2), 171, 172, 2014. J. S. Nogers S. Custrell, Develope P. et al. High risk proceduring in principal year policy in the principal principal year year year year year year year year
15	193	Medormin without yearly serum creatinine	Process	Chronic	Treatment	Safe	U - Urological	Medomin without yearly serum creativine	1. Spence R, Bell, B, Avey, A. J., Cooley, G. & Carelpoid, S. M. (2014). Identification of an equivalent set of great-beg-quidity indicators for GPs. Bellion Journal of Journal Placific, 64(221), e181–150 z. J. Avey, A. Nogers, S. Carello, J. A. L. A.
15	194	Methotrexate 2.5H0mg co-prescription	Process	Chronic	Treatment	Safe	L - Musculoskeletal	Methotexasta 2.5/10mg co-prescription	1. Spence, R., Bell, B., Avey, A. J., Cooley, G., & Camphol, S. M. (2014). Identification of an updated set of prescribing-pastley inductors for GPs. British Journal of Commel Practice, 64((22)), e181–e190. J. Z. Avey, A. Roogers, S. Cambrill, A. et al. A pharmacolisis of information including interest from a remotion control of the control control feed using a control of control of the control. See the control of the cont
15	195	Methodrexiate prescribed without folic acid	Process	Chronic	Treatment	Safe	L - Musculoskeletal	Methotreals prescribed without folic acid	1. Spreas R, Bell, B, Avey, A. J., Cooley, G. & Camphol, S. M. (2014). Identification of an upstales set of prescribing-selfer indicators for CPs. Bittish Journal of Internal Proctice, 64(521); e111-150.2 F. Avery, A. Nooleys. S. Cambrill, A. R. A. A. P. Averson and Control Proctice, 64(521); e111-150.2 F. Avery, A. Nooleys. S. Cambrill, A. R. A.
15	196	Methotrexate prescriptions should state 'weekly'	Process	Chronic	Treatment	Safe	L - Musculoskeletal	Methoreusite prescriptore should state Neekly	1. Spreas R, Bell, B, Avey, A. J., Cooley, G. & Carrylook, B. M. (2014). Identification of an updated set of greaterbay-selfer indicators for CPs. Bittish Journal of Secret Proceedings of the Cool Control C
15	197	Oral predrisolone prescribed at a dose 27.5mg daily for more than 3 morths to the over 65s without co-prescription of osteoporosis-preventing treatments	Process	Chronic	Treatment	Safe	L - Musculoskeletal	Onal preditaboline prescribed at a dose 27 5mg daily for more than 3 months to the over 65s willoud co-prescription of disloopcosis-preventing treatments	1. Spreas R, Bell B, Avery, A. J. Cooley, G. & Camphol S. M. (2014). Identification of an updated set of prescribeg-seller indicators for GPs. Bettin. Journal of circumsi Practice, 64(621), e181–e180. J. Z. Avery A. Riogens S. Catteria, A. et al. A prescribed information between processing interestion for motion control control (e18) and consellent-deveness assigns. Land control (e18) and control (e18) an
15	198	Patients on an angiotensin-converting-enzyme inhibitor or angiotensin il receptor antagonist who have not had a U+E in the previous 15 months	Process	Chronic	Treatment	Safe	K - Cardiovascular	Patients on an angiotensis-converting encyme inhibitor or angiotensin II receptor antagonist who have not had a U+E in the previous 15 months	1. Sprince R, Bell B, Avery, A. J. Cooley, G. & Camptod S. M. (2014). Identification of an updated set of great/beg-padelpy indications for GPBs. Bellion Journal of central Proctice, 64(621); e181–e192 J Z. Jenry A. Notigers S. Castella, A. et al. A phenometric distribution between processing processing in control of the control of th
15	199	Prescription of a Non-steroid anti-inflammatory drug, without co-prescription of anulcer-healing drug, to a patient with a history of peptic utceration	Process	Chronic	Treatment	Safe	D - Digestive	Prescription of a Non-steroid anti-inflammatory dug, without co-prescription of an user-healing dug, to a patient with a history of poptic useration	1. Spence R, Bell, B, Avery, A. J., Cooley, G. & Carryfold, S. M. (2014). Identification of an epithesis set of prescribes quelly inductors for CPs. Bittion. Journal of Journal Position, 64(821), et 81–109 2.7 Javry, A. Nologers, S. Cardell, A. S. A. S
15	200	Prescription of a phosphodesterace type-6 inhibitor, for example sildenaff, to a patient who is also receiving a nitrate or nicoranel	Process	Chronic	Treatment	Safe	U - Urological	Prescription of a phosphodesterace type-5 inhibitor, for example alternall, to a patient who is also receiving a ritrate or ricorandil	1. Sperce R, Bell B, Avery, A. J. Cooley, G. & Camphol S. M. (2014). Identification of an updated set of generalbeg-selfer indicators for GPs. British. Journal of Invent Practice, 64(521), e181–190. J. Z. Avery, A. Rodgers S. Cartella, A. et al. A pharmacols indirectation intervals cold invention in the control of the c
15	201	Prescription of a statin without an ALT taken prior to starting treatment	Process	Chronic	Treatment	Safe	D - Digestive	Prescription of a statin without an ALT taken prior to starting treatment	1. Spercer, R., Bell, B., Avery, A. J., Gooley, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), et 81–et 90. J. 2. Avery AJ, Rodgers S., Cartisl JA, et al. A phramacost-set intronsists intronsists intronsists intronsists intronsists intronsists intronsists intronsists intronsists. A phramacost-set intronsists intronsists intronsists intronsists intronsists in the control of the co

1	202	Prescription of a statin without on ALT taken prior to starting treatment and within 3 months of starting breatment	Process	Chronic	Treatment	Safe	D - Digestive	Prescription of a statin without an ALT taken prior to starting treatment and within 3 months of starting treatment	1. Spencer, R., Bell, B., Avery, A. J., Gooley, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safely indicators for CPE, British. Journal of General Practice, 64(621), e181–e190. #2. Avery A.J. Rodgers S. Cartilli J.A. et al., A pharmacusi-bed information technology referencing for incommendation control (PMCER); a multicens, culture randomised, control derivation costs effectiveness analysis. Lances 2012; 2781;130–1319 /1. Gürner B., McCower, C., Dermy P. et al. High impractives give prince and participation distance are supplied. More and participation of the commendation of the commen
1	203	Prescription of amiodarone without a record of her function being measured in the previous 8 months	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of anisolarone without a record of liver function being measured in the previous \$ months	1. Spercer, R., Bott, B., Avery, A. J., Cooley, G. & Campbol, S. M. (2014). Identification of an options of orly processing safety indicators for GPB, British, Journal of General Practice, 64(201), e1811–e180. J. Z. Avery A. R., Robjers S. Carelli A., et al. A pharmacistic information incressing interesting or intended once rest (PRICE); in a surface and control of the control conference control feet stand conference conference confere
1	204	Prescription of amiodarone without a record of thyroid function being measured within the previous 9 months	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of amtoderone without a record of Byrold function being measured within the previous 9 months	1. Sparcer, R., Bell, B., Avery, A. J., Gooley, G., & Campbol, S. M. (2014). Identification of an options set of prescribing-safely indicators for GPB. Birth. Journal of Control Proceedings of Health (1994). Annual Academic Control Proceedings of Health (1994) interesting of the Control Proceding of Health (1994). Annual Academic Control Proceding of Health (1994). Annual Academi
1	205	Prescription of an angiotensin-converting-enzyme inhibitor or angiotensin II receptor antagorist without a record of event function and electroyles being measured prior to starting therapy	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of an angiotensis-conventing-engine inhibitor or angiotensis if receipts artigorist without a record of renal function and electris/yes being measured prior to starting the rapy	1. Sprace, R. Boll, B., Arary, A. J., Cosley, G. & Camples, S. M. (2014). Identification of an option for of processing value by colorance for GPs. Bolls. Journal of General Practice, Act(2011), e1914–169, 12.2 Array, A. Regions S. Cample A. et al. A pharmacols information incressing value from from temporal processing value from from temporal processing value from the processing
1	206	Prescription of aspirin at a dose >75mg daily for ≥1 month in a patient aged >65 years	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of aspirin at a dose >75mg delty for 21 month in a patient aged >65 years	1. Sparce, R., Bell, B., Avey, A. J., Gooley, G., & Camptol, S. M. (2014). Identification of an optacle set of prescribing-pathly indication for OFB- British. Journal of German Practice, 64(07), 1611–1610, J. Z. Avery, A. R. (2004). Scale (17), 1611–1610, J. Z. Avery, A. R. (2004). Scale (17), 1611–1610, J. Z. Avery, A. R. (2004). Scale (17), 1611–1610, J. Z. Avery, A. R. (2004). Scale (17), 1611–1610, J. Z. Avery, A. R. (2004). Scale (17), 1611–1610, J. Z. Avery, A. R. (2004). Scale (17), 1611–1610, J. Z. Avery, A. R. (2004). Scale (17), 1611–1610, J. Z. Avery, A. R. (2004). Scale (17), 1611–1610, J. Z. Avery, A. R. (2004). Scale (17), 1611–1610, J. Z. Avery, A. R. (2004). Scale (17), 1611–1610, J. Z. Avery, A. (2004). Scale (17), 1611, J. Z. (2004). Scale (17), J. (2004). Scale (
1	207	Prescription of aspirin to a child aged 516 years	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of aspirin to a child aged of 16 years	1. Spercer, R., Bell, B., Avery, A. J., Gooley, G., & Campbol, S. M. (2014). Identification of an optionist of of proceedings ashly indication for GPB. British Journal of Comman Practice, 48(CT), 1611–1610, J. Z. Avery, A. R. (1964) is Command Practice, 48(CT), 1611–1610, J. Z. Avery, A. R. (1964) is Command Practice, 48(CT), 1611–1610, J. Z. Avery, A. (1964) is Command Practice, 48(CT), 1611–1610, J. Z.
1	208	Prescription of lithium without a record of a lithium level being measured within the previous 6 months	Process	Chronic	Treatment	Safe	P - Psychological	Prescription of lithium without a record of a lithium level being measured within the previous 6 months	1. Sperce R. Self. El., Newy, A. J., Gooley, G., & Campboll, S. M. (2014). Identification of im spilates and of practicing-pashily production to CFE. British, Journal of Central Parks (4)(2011). 1161–106. 12. New Y. A. Regiders S. Cambridge S. Cambridg
1	209	Prescription of methotrexate without a record of a full blood count within the previous 3 months	Process	Chronic	Treatment	Safe	L - Musculoskeletal	Prescription of methodresale without a record of a full blood count within the previous 3 months	1. Spercer, R., Bell, B., Avery, A. J., Gooley, G., & Campbel, S. M. (2014). Identification of an optionist set of prescribing-safely indicators for GPB. British Journal of General Practice, 4(4(21), e111-e110, 1.2. Avery, A.I. Regions S. Cartiffication of the Computer
1	210	Prescription of methotrexate without a record of liver function having been measured within the previous 3 months	Process	Chronic	Treatment	Safe	D - Digestive	Prescription of methodrexale without a record of liver function having been measured within the previous 3 months	1. Spencer, R. Bold, B., Array, A. J., Costley, G. & Complex S. M. (2014). Identification of an option level of processing-yield production for GPs. Boths Journal of General Practice, 44(201), e1914–169. 82. Array, A. Repúger S. Corpell, A. et al. A pharmacols for inframent incretions grave interesting in remotion correct (SPRCE) in a resolution of the control of
1	211	Prescription of verapamil to a patient who is also receiving a beta-blocker	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of verspannil to a patient who is also receiving a beta-blocker	1. Sparce, R., Bell, B., Arey, A. J., Gooley, G., & Camplot, S. M. (2014). Identification of an options set of processing-safely indicators for GPB. British. Journal of General Practice, 64(07), 1611–1610, J. Z. Arey, A. (Rogings S. Custrill, A. et al. A plantamatic of information interference growth options and conference controlled values and conference conference controlled values and conference conference conference conference conference conference values and conference conference values and conference conference values and conference values and conference values. A conference value of the conference values of the conference values of the conference values and conference values and conference values. A conference value value value values and conference values values values. A conference value value value values values. A conference value value values val
1	212	Prescription of warfarin and aspirin in combination (without co-prescription of gastroprotection)	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of warfarls and aspirin in combination (will not co-prescription of gastroprotection)	1. Sperces, R. Bell, B., Avery, A. J., Gooley, G., & Campbel, S. S. M. (2014). Identification of an optionise set of prescribing-selely indicates for GPB. Bittish, Journal of General Practice, (40(21)), e1814–1906. I. Z. Avery, A. I. Regions, S. Carelli S. A. A. A. J. Avery and the contribution of intermination intermination of the contribution
1	213	Prescription of warfairin in combination with an oral Non-steroid ansinflammatory drug	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of warfarin in combination with an oral Non-steroid and-inflammatory drug	1. Spercer, R., Bell, B., Avery, A. J., Gooley, G., & Campbol, S. M. (2014). Identification of an options set of prescribery-astive productors for GPs. British. Journal of General Practice, 46(207). e181–e190. J. Z. Avery A.A. Rodgers S. Castrilla, A. et al. A pharmacolis of information increasing in Practice production of the Common Co
1	214	Prescription of warfarin to a patient without a record of INR having been measured within the previous 12 weeks (excluding patients who self-monitor)	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of warfarm to a patient without a record of INR having been measured within the previous 12 weeks (excluding patients who self-monitor)	1. Spercer, R., Bell, B., Avery, A. J., Gooley, G., & Campbol, S. M. (2014). Identification of an options set of prescribing safety indicators for GPB. British. Journal of Central Practice, 46(27), 1611–160. J. Z. Avery, A.R. (2004). Scale Central Action Central Practice, 46(27), 1611–160. J. Z. Avery, A.R. (2004). Scale Central Action Central Practice, 16(27), 1611–160. J. Z. Avery, A.R. (2004). Scale Central Review of Central Practice, 16(27), 1611–160. J. Z. Avery, A.R. (2004). Scale Central Review of Centra
1	215	Addresses medicines-use issues appropriately (i.e. correct application of professional knowledge to patient's situation)	Process	Chronic	Treatment	Safe	Not Defined	Addresses medicines-use issues appropriately (i.e. correct application of professional incrededge to patient's situation)	1. James, D. H., Hathen, S., Robertt, D. & John, D. N. (2008), Benthing criters for sassessing the quality of medicines use review referral documentation by committy pharmacists. International Journal of Pharmacy Proctos. 16(6), 363–374. (2)Bellegine. Civity of Committee Section (1987) (2007) (2
1	216	Bases clinical recommendations on national or local guidelines	Process	AI	Al	Safe	Not Defined	Bases chrical recommendations on national or local guidelines	1. James, D. H., Hatten, S., Roberts, D. & John, D. N. (2008). Identifying criters for sassessing the quality of medicines use review referred hypothesis construction by community pharmacists. International Journal of Pharmacy Protects, 16(6), 263–274. [20th pharmacy Protects on Liver Science
1	217	Differentiates appropriately between important and minor issues	Process	AI	Treatment	Safe	Not Defined	Differentiates appropriately between important and minor issues	1. James, D. H., Haller, S., Roder, D. L., 20, VIV. D. L., 2000, Incus) (seeinging critical to adoptive dualing or included size newer rentiles occurrentation of community grantmosts: serioriscus and serior
1	218	Does not raise patient expectations that recommendations will be implemented	Process	AI	Treatment	Safe	Not Defined	Does not raise patient expectations that recommendations will be implemented	1. James, D. H., Hatten, S., Rockert, D. & John, D. N. (2008). Biornhying criters for a seasoning the quality of medicines use review referral documentation by community jummosities. International Journal of Phramosy. Proc. 16(9). 16(3):14(1):14(

17 219	Endeavours to follow up the outcome of the medicines use review	Process	AI	Follow up and continuity	Safe	Not Defined	Endeavours to follow up the outcome of the medicines use review	1. James, D. H., Halten, S., Robert, D. J., Birth, D. N. (2000), feetflying criticals for assessing the quality of medicines are release effected documentation by community pharmacists. Heroid polymerophysis (1997), 1997. 69-574. (J. (28thorpin. C.) Host to offer an anticinic sour review, Press) (2002) 57-582. J. (2. H. Halbard S., Carrison, C.) (1997), 1997. R. Simith, N. Harvey, I. When now for pharmacist for medication review? J. Epidemiol. Community Health 2000; 59-2. J. (3. Pelp.) (J. Medication review by pharmacists. — the evidence site assessment per section of the pharmacists of the pharmacists of medication review? J. Epidemiol. (1997), 1997. S. Wall of the pharmacists of the pharmacists of medication review by pharmacists. — the evidence site assessment per section of the pharmacists of the pharmacists. — the evidence site assessment per section per section of the pharmacists. — the evidence site assessment per section per sect
17 220	Fully describes the nature of the problem (rather than listing a disease or drug name)	Process	AI	Treatment	Safe	Not Defined	Fully describes the nature of the problem (rather than listing a disease or drug name)	1. James, D. H., Hatten, S., Robert, D., & John, D. N. (2008), feetilying criteria for assessing the quality of medicines use review referral documentation by community pharmacists. Hermicol Journal of Pharmacy Practice, 16(0), 65–744. [Jebbergen, C. Herbor of Pharmacy Pha
17 22:	Liaises with relevant General Practicioner(s) before setting up medicines use review service	Process	AI	Treatment	Safe	Not Defined	Liaises with relevant General Practicioner(s) before setting up medicines use review service	1. James D. H. Lilbars S., Robert D. J. John D. N. (2005) Seeflijk criticals for searching the quality of predictions are refused in commentation by community pharmacists. International Journal of Pharmacy Products, 18(5), 653–741 (20billegamen, C. Notes of the management of Notes of the prediction prediction services of the prediction prediction services of the prediction prediction services of the prediction services of the prediction review of prediction services of the pr
17 222	Pharmacist documents action(s) taken by themselves (e.g. provision of information)	Process	AI	Treatment	Safe	Not Defined	Pharmacist documents action(s) taken by themselves (e.g. provision of information)	1. James, D. H., Hatten, S., Robert, D., & John, D. N. (2008), feerflying criteria for assessing the quality of medicines use review referral documentation by commanly pharmacisis. Hermational Journal of Pharmacy Practice, 19(9), 65–67-14 (Jehbergham, Chevro Orlean and Australia Ch
17 223	Presents issues in order of clinical importance (i.e. all high-priority issues presented first)	Process	AI	Treatment	Safe	Not Defined	Presents issues in order of clotical importance (i.e. all high-priority issues presented first)	1. James, D. H. Halten, S., Robert, D. J. John, D. N. (2000). Seeding critical for assessing the quality of medicines can review referred documentation by community pharmacists. Hermitopharmacists of the proceeding of the processing of the proces
17 224	Presents issues without causing unnecessary anxiety to the patient	Process	AI	Treatment	Safe	Not Defined	Presents issues without causing unnocessary anxiety to the patient	1. James, D. H., Hatten, S., Robert, D., & John, D. N. (2005), Sertifying criters for sessering the quality of medicines use review referral documentation by community pharmactics. Heroscale Journal of Pharmacy Prescise, 16(6), 563–744. [JiBelingson, Chevro Delir a modeline cuse review. Permit 2002/174624. J. (2) Anti-Sertif Community Head 2000/2002-1163-4. [J. Chevro Delir and
17 225	Presents issues without undermining the patient's confidence in their General Practicioner	Process	AI	Treatment	Safe	Not Defined	Presents issues without undermining the patient's confidence in their General Practicioner	1. Instruct. D. H. Lithers, S., Robert, D. A. John, D. N. (2000). Morehyly private for prescript to quality or private for a prescript for quality or private for quality or private for quality or private for quality or quality or private for quality or quality
17 220	Presents no more than four issues and recommendations per patient	Process	AI	Treatment	Safe	Not Defined	Presents no more than four issues and recommendations per patient	1. James, D. H., Halten, S., Robert, D. A., John, D. N. (2000), kenthing critical for assessing the quality of medicines use review referral documentation by commanly pharmacists. Hermitotical Journal of Pharmacy Practice, 16(s), 65–744. [JiBelgeric, Helver of Develop and Legal Control of U.S. (press) and Journal of Pharmacy Practice, 16(s), 65–744. [JiBelgeric, Helver of Develop and Legal Control of U.S. (press) and Journal of Legal Control of U.S. (press) and Journal of U
17 221	Presents one issue and recommendation per row of the documentation template	Process	AI	Treatment	Safe	Not Defined	Presents one issue and recommendation per row of the documentation template	1. James, D. H., Halten, S., Robert, D., & John, D. N. (2008). Identifying criteria for assessing the quality of medicines use review referred documentation by community pharmacists. Retirencial Journal of Paramacy Practice, 1(6)(1), 465–474. (20lient). The Vision of the Control of Paramacy Practice, 1(6)(1), 475–474. (20lient). A control of Paramacy Paramacy Paramacy Control of Paramacy Param
17 228	Provides a clear link between the proposed action and the problem (medicines use issue) identified	Process	AI	Treatment	Safe	Not Defined	Provides a clear link between the proposed action and the problem (medicines-use issue) identified	1. Intent. S., Robert D. E., John D. N. (2001). Modelly critical for searcing to quarter analysis of the processing of t
17 229	Selects patients for medicines use review appropriately (e.g. focuses on asthma patients)	Process	AI	Treatment	Safe	R - Respiratory	Selects patients for medicines use review appropriately (e.g. focuses on asthma patients)	1. James, D. H., Latter, S., Robert, O. B., John, D. N. (2005), Sentifying critical for assessing the quality of medicines use review referral documentation by community planmaciss. Hermational Journal of Pharmacy Presides, 19(6), 263–274 (20th plants). Chevro Order an anticosis sur-review. Plants 2002/27/302 / 3. Pol. 26. Developed Sci. Carelli JA, Reference Sci. Carelli JA, VOMACED SERVICES SCI. CARELLI JA,
17 230	Shows awareness of different healthcare professionals within the primary care team (e.g. specialist rurse, supplementary prescriber, etc.)	Process	AI	Treatment	Safe	Not Defined	Stose swareness of different healthcare professionals within the primary care feam (e.g. specialist nurse, supplementary prescriber; etc.)	1. James, D. H. Halten, S., Robert, D. J. John, D. N. (2000). Sentifying critical for assessing the quality of medicines use review referral documentation by commonly pharmacists. Historical Journal of Pharmacy Protects, 18(3), 653–741. [Jebbergen. C. Hosto Order on another code of commonly pharmacists. Historical Developed (1994). [Assessing of the pharmacists of the pha
17 231	Summarises the issue succincity	Process	AI	Treatment	Safe	Not Defined	Summarises the issue succinctly	1. Jacks, D. H., Halton, S., Roberts, D. A., John, D. N. (2005). Sentifying criticals for assessing the quality of medicines are view entered indicamentation by community pharmacisis. Hereal/local Journal of Pharmacy Prestice, 19(6), 563–514 (J. (28bellgand). Chebor to Deriva Origin Control and Senting April 2000-214-226-21. (4. Holsed R., Smith, Harvey). When now for pharmacis to direct action review? J. Epidemiol Community Health 2000-032-4, 216–219. Peoply Developed to Developed
17 233	Uses appropriate language for the patient (i.e., without medical jargon and abbreviations)	Process	AI	Treatment	Patient- centered	Not Defined	Uses appropriate language for the patient (i.e. without medical jargon and abbreviations)	1. James, D. H. Ishten, S., Robert, D. J. John, D. N. (2001). Sentifying critical for assessing the quality of medicines use review referral discurrentation by commonly pharmaciss. International Journal of Pharmacy Phartics, 18(6), 653–741 (28therpain, C. Nover of their analysis of the contraction control of the control
17 233	Uses appropriate wording for the General Practice (i.e. providing suggestions rather than instructions)	Process	AI	Treatment	Safe	Not Defined	Uses appropriate wording for the General Practice (i.e., providing suggestions rather than instructions)	1. James, D. H., Halton, S., Robert, D. J., Elvin, D. N. (2003). Sentifying criticals for assessing the quality of medicines are view entered documentation by commonly pharmacisis. Hermitianal Journal of Pharmacy Predicts, 19(5), 563–574. (JiBellogian, C. Hova to Gera analysis of Journal of Journal of Pharmacy Predicts, 19(5), 563–574. (JiBellogian, C. Hova to Gera analysis of Journal of Journ
17 234	Writes action plan legibly	Process	Al	Treatment	Safe	Not Defined	Writes action plan legibly	1. James, D. H. Halten, S., Rabert, D. A. John, D. N. (2000). Sectifying critical to assessing the quality of medicines use review referral documentation by commonly pharmaciss. Hermatopharous Journal of Pharmacy Pharton. 16(3), 653–741. [JiBedgen, C. Hove to Offer a medicine user review. Permit 2004;27(3):201. 37. despitation. I New York of the Commonly Section of the Commonly Health 2006;032–3.1.5. Pergl.) Medication review by pharmacists. — the evidence sittle appearance of the Commonly Health 2006;032–3.1.5. Pergl.) Medication review by pharmacists. — the evidence sittle appearance of the Commonly Health 2006;032–3.1.5. Pergl.) Medication review by pharmacists. — the evidence sittle appearance of the Commonly Health 2006;032–3.1.5. Pergl.) Medication review by pharmacists. — the evidence sittle appearance of the commonly described to the Commonly Health 2006;032–3.1.5. Pergl.) Medication review by pharmacists. — the evidence sittle appearance of the commonly described to the Commonly Health 2006;032–3.1.5. Pergl.) Medication review by pharmacists. — the evidence sittle appearance of the commonly described to the co
25 235	Patient education	Process	AI	Follow up and continuity	Patient- centered	A - General and unspecified	Patent education	1. Chi WY, Lam CL, Lo SV. Cashiy of care of nurs-led and allefe health personnels deprimary care clinics. Hong Kong medical journals "Aurggang ju nez as zh. 2011;17(3):277-30.12. Knjeg EL, Anon J. Cashiy ridicators for appropriate medication user in wherealth eelers. Am Internal Education Service and Effectiveness of all new Electricans of an annual periatromication acree for does patients. RESEPCTI, and The Americans and Electricans of an annual periatromication acree for does patients. RESEPCTI, and The Americans and Electricans of an annual periatromication acree for a periatromication
25 236	Medication list	Process	AI	Treatment	Safe	A - General and unspecified	Medication list	1. Chi WY, Lam CL, Lo SY. Cuality of care of nase-held and alieb health personnels before may care clinics. Hongs from predictal journals: "Auragancy in sea 2 ath. 2011;17(3):271-30.12. King/et E., Arom J. Cuality indicators for appropriate medication users in whereash destructs. Are interested to extra e
25 231	Response to Therapy	Process	AI	Treatment	Effective	A - General and unspecified	Response to Therapy	1. Chin WY, Lam CL, Lo SV, Quality of care of nusse-led and alled health personnel-led primary care clinics. Hong Kenn medical journal > Xuanggang yi xue za zh. 2011;17(1):217-30. 1/2. Knight EL, Arom J, Quality indicators for appropriate medication use in ulternacive clies. Ann item Med 2001;13(1):210-10. 1/3 RESPECT hal feam. Effectiveness of shared pharmacoulisation of object partners. RESPECT thai fronting. by G. on Pract 2010;03(1):01. 1/3, RESPECT hal feam. Effectiveness of shared pharmacoulisation clies for Residence (and the pharmacoulisation clies for Residence (and the pharmacoulisation clies for Residence (and the pharmacoulisation clies). A facilities not X, Visight EL, Arom J, Quality indicators for appropriate had not recommendate the pharmacoulisation clies. A facilities not X, Visight EL, Arom J, Quality indicators for appropriate had not recommendate the pharmacoulisation clies. And the control of the pharmacoulisation clients. Pharmacoulisation clients of the pharmacoulisation clients of the pharmacoulisation clients. Pharmacoulisation clients of the pharmacoulisation clients of the pharmacoulisation clients. Pharmacoulisation clients of the pharmacoulisation clients of the pharmacoulisation clients. Pharmacoulisation clients of the pharmacoulisation clients of the pharmacoulisation clients. Pharmacoulisation clients of the pharmacoulisation clients of the pharmacoulisation clients. Pharmacoulisation clients of the pharmacoulisation clients of the pharmacoulisation clients. Pharmacoulisation clients of the pharmacoulisation clients of the pharmacoulisation clients of the pharmacoul
25 238	Periodic drug regimen review	Process	Chronic	Follow up and continuity	Safe	A - General and unspecified	Perfodo drug regimen review	Chie WY, Jam CL, Lo SY. Chailly of care of nan-bed and alled health personnel leaf primary care drines. Heapy force medical primary is as a sail. 2011;1(3):217.30 J. 2 King/REF, Javers, J. cally indicators for appropriam medication users in whether about 11:117.017.01 J. 9 KERPEET trial treats for Efficiences of ordinary departmentational cares for these partners (Indicators ordinary in the 2011;1(3):217.01 J. 2 King/REF, J. Server, L. Caregodia, Machiner AG, Waigh R. A randomized controlled trial of medicators review in paleties in soving opplyshmenty in general practice. Plasm 11900;35187 7.5 Indianed S. Server, William 11900;35

25	239	Monitoring warfarin therapy	Process	Chronic	Follow up and continuity	Safe	K - Cardiovascular	Monitoring worfur in therapy	1. Chia W. Lam CL, Lo SV. Quality of our of ruse-bed and death half personnel deep image of control and the production of the program of the production of t
25	240	Monitoring diuretic therapy	Process	Chronic	Follow up and continuity	Safe	K - Cardiovascular	Monitoring duretic therapy	1. Chia W. Lam CL, Lo SV. Quality of our of race-bid and dated health personnel derigninary care clinics. Hong from principle princip in Suggraphy (as as 2d, 12011/17/21773); If 2 Feight EL, Amors, Oually indicators for appropriate medication, one in Americans desires. An interferondel celeration in the Index (2011/18/2701-6); If 3 Feight EL, March Could (1011/18/2701-6); If 3 Feight EL,
25	241	Avoid use of chlorpropamide as a hypoglycaemic	Process	Chronic	Treatment	Safe	T - Endocrine/Metabolic and Nutritional	Avoid use of chloryropamide as a hypoglycsemic	1. Chia W. Lam CL, Lo SV. Quality of our of race-bed and dated health personnel degramany use actions. Intrody Gray medical power 1 Xinggarray; as a 28th, 2011;17(3):17.00; IZ. Englitt EL, Annur J. Quality Indicators for appropriate medication can be reduced before an internoless desire, an internoless desire, and internoless desired and in
25	242	Avoid drugs with strong anticholinergic properties whenever possible	Process	Chronic	Treatment	Safe	A - General and unspecified	Avoid drugs with strong articholinergic properties whenever possible	1. Chia W. Lam CL, Lo SV. Quality of one of run-bed and dated health personnel deep imany see actions. Intrody forgenerating private 3 managemy (size as at it. 2011;17(2));27.06. IZ Foggle EL, Amors J. Challer V. Lamors
25	243	Avoid barbiturates	Process	Chronic	Treatment	Safe	P - Psychological	Avoid burblurates	1. Chia W. Lam CL, Lo SV. Quality of care of narse-led and discharbin personne-led graining viser clinics. Hong Kong medical journal > Xinggarpay via so 2th. 2011;17(3):277-20. If Z. Knjigt EL, Anna J. Quality indicators for appropriate medication uses in vineturable desira. An internal Medical 2011;18(371-26). If Z. ReipSECT is internal interflectures of charge dischargemental care for prior inspects. RESPECT train facts and J. ReipSecT and
25	244	Avoid meperidine as an opioid analgesic	Process	Chronic	Treatment	Safe	P - Psychological	Avoid respectifine as na ophicid analysesic	1. Clini WV, Lim CL, Lo SV. Quality of one of naze-bed and ideal for half presonne-led grainsy care clinics. Hong force from pricing large
25	245	Monitoring renal function and potassium in patients prescribed ACE inhibitors	Process	Chronic	Follow up and continuity	Safe	U - Urological	Monitoring renal function and potassium in patients prescribed ACE inhibitors	1. Chia W.Y. Lam CL. Lo SV. Quality of our of narse-led and disellar half personnels beginning varie clinics. Hong Reginned and primary part of the production for a long program of the production for a long production for a long program of the production for a long prod
- 11	246	Absenteeism from Work/School for Asthma	Outcome	Chronic	Treatment	Patient- centered	R - Respiratory	Absenteeism from Work/School for Asthma	To, T., Guttmann, A., Lougheed, M. D., Gershon, A. S., Dell, S. D., Stanbrook, M. B., Fisman, D. N. (2010). Evidence-based performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International Journal for Quality in Health Care, 22(6), 476–485.
16	247	Potentially avoidable hospitalizations in patients with chronic conditions	Outcome	Chronic	Treatment	Effective	A - General and unspecified	Potentially avoidable hospitalizations in patients with chronic conditions	Dirty de Labry Lima, A., Garcia Mochón, L. & Bermúdez Tamayo, C. (2017). Identificación de indicadores de restudad en salud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Calidad Asistencial, 32(5), 278–288.
3	248	Governance: (De)centralization of primary care management and service	Structure	Al	Al	Effective	Not Defined	This is shaped by the level (national, regional, local) at which primary care policies are determined, the degree in which standards allow for variation in primary care practices geographically, and the development of policies on community participation in primary care management and priority settling.	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:55. Published 2010 Mar 13. doi:10.1186/1472.406.665-310-65
3	248	development		Al	Al	Effective	Not Defined Not Defined	practices geographically, and the development of policies on community participation in primary care management and priority setting. Reflected by academic departments of family medicine/	Kiriggo DS, Boerma WG, Hubbinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:85. Published 2010 Mar 13.
		Academic status of the primary care discipline	Structure			Patient-		primary care within universities	6:10.1186/1472-468 9563-10.96 Kiringso DS, Boerma WG, Hukchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:55. Published 2010 Mar 13.
3	250	Acceptability of primary care services	Process	Al	Al	centered	Not Defined	Patient satisfaction with the organization of primary care	doi:10.1186/1472.468 6963-10-67
3	251	Accommodation of accessibility	Process	Al	All	Patient- centered	Not Defined	The manner in which resources are organized to accommodate access (e.g. appointment system, after-hours care arrangements, home visits)	Ningus DS, Boeilla WCS, Ruschillacin A, valider Zee 495 3, Groenewegen PF. The disease of printing callet. a special active even in as core differences. 497 BMC Petals Ser Vices. 2010, 10:00. Published 2010 Mair 13. doi:10.1186/1472-468-6963-10-68
3	252	Affordability of primary care services	Process	AI	Al	Effective	Not Defined	Financial barriers patients experience to receive primary care services, such as co-payments and cost-sharing arrangements	Kingos DS, Boerma WG, Hutchirson A, van der Zee 465 J, Groenewagen PP. The breadth of primary care: a systematic learnable review of its core dimensions. 467 BMC Health Serv Res. 2010;10:055. Published 2010 Mar 13. doi:10.1109/LIP27-2468 0963-10-09
3	253	Allocative and productive efficiency	Structure	Al	Al	Efficient	Not Defined	Respectively, minimizing patient's opportunity cost of time spent in treatment; maximizing the patient's outcome, minimizing the cost per patient	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13.
3	254	Appropriate technology in primary care	Structure	Al	Al	Effective	Not Defined	Appropriate technology in primary care	in this first of the state of t
3	255	Availability of primary care services	Structure	Al	Al	Effective	Not Defined	N. C.	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:55. Published 2010 Mar 13.
3								Availability of primary care services	Kirigos DS, Boerma WG, Hubbinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:85. Published 2010 Mar 13.
3	256	Development of the primary care workforce	Structure	All	AI	All	Not Defined	Development of the primary care workforce	doi:10.1188/1472.488.6963.10.73
3	257	Education and retention	Structure	Al	Al	All	Not Defined	Vocational training requirements for primary care professionals, primary care workforce supply and retention problems, and capacity planning	doi:10.1186/1472-468 6963-10-74
3	258	Efficiency in performance of primary care workforce	Structure	Al	All	Efficient	Not Defined	Reflected by basic figures relating to the provision of care, such as number of consultations and their duration, frequency of prescription medicines (unnecessary use), and the number of new referrals to medical socialists	Kingos DS, Boerma WG, Hutchirson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic lenstrate review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1109/LIPZ-468 9969-10-75.
3	259	Employment status of primary care workforce	Structure	Al	Al	All	Not Defined	Employment status of primary care workforce	Kingos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1186/s1472-4488 669-10.
3	260	Equality in access	Process	AI	Al	Equitable	Not Defined	The extent to which access to primary care services is provided on the basis of health needs, without systematic differences on the basis of individual or social characteristics	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:55. Published 2010 Mar 13. doi:10.1186/1472-468.6965-10-77
3	261	First contact for common health problems	Process	AI	Al	All	Not Defined	needs, without systematic currences on the basis of inavioual or social characteristics First confact for common health problems	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13.
3	262	Future development of the primary care workforce	Structure	Al	Al	All	Not Defined	Hampering threats to the current development and expected trends in the future development of the primary care workforce, from the point of view of stakeholders	in: 10.1186/1472-488695-10-78 Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The broadh of primary care a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10.65. Published 2010 Mar 13.
3					Al				doi:10.1186/1472-486.6963-10.79 Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13.
3	263	Gatekeeping system	Process	All		Efficient	Not Defined	Presence of a gatekeeping system with a figure of a family medical doctor	6:10.1186/1472-468 950-10-50 Kiringso DS, Boerma WG, Hukchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:55. Published 2010 Mar 13.
3	264	Geographic accessibility of primary care services	Process	Al	Al	Equitable	Not Defined	Geographic accessibility of primary care services	doi:10.1186/1472.468 6963-10-81
3	265	Governance: Health (care) system goals	Structure	Al	Al	All	Not Defined	The vision and direction of a primary care system depend on explicit health or health care goals at national level	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1186/1472-468-6963-10-82
3	266	Income of primary care workforce	Structure	AI	AI	All	Not Defined	Income of primary care workforce in a period	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13.
3	267	Informational continuity of care	Process	AI	Follow up and continuity	All	Not Defined	Informational continuity of care	doi:10.1869/1472-4886 6953-10-54 Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care a professor like rainer review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1186/1472-4686 6953-10-56
3	268	Integration of primary care in the health care system	Structure	AI	Follow up and	Effective	Not Defined	Integration of primary care in the health care system	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic iterature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1186/1472-488.965-10-49
3	269	Integration of primary care-secondary care	Process	AI	Follow up and	Effective	Not Defined	Integration of primary care-secondary care	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care a systematic Restaute review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1186/1472-468.6963-10-50
-	270	Medical equipment available	Structure	Al	continuity	Effective	Not Defined	Medical equipment available	
-				-	Al	All			Foregas U.S., Bective WC., Hackbroom A, van der 72m 48/1. Genomensen PP. The broadfall service of the service of the score dimensions. A van der 12m 48/14/14/14/14/14/14/14/14/14/14/14/14/14/
3	271	Ownership status of primary care practices	Structure	AI		All Patient-	Not Defined	Ownership status of primary care practices	Kirigos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:55. Published 2010 Mar 13.
3	272	Patient advocacy	Process	AI	AI	centered	Not Defined	Patient advocacy	doi:10.1186/1472-468 6963-10-53
3	273	Governance: Policy on equity in access to primary care services	Process	AI	All	Equitable	Not Defined	Equity in access can be influenced by policy development and regulation on the distribution of human resources and quality of care across geographical areas, by setting policy objectives regarding the duration of waiting time for (specific) primary care services; and by assuring universal financial coverage for primary care services by a	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1186/1472-488.6963-10-54
3	274	Primary care expenditures	Structure	Al	Al	Efficient	Not Defined	publicly accountable body Primary care expenditures	Krippos DS Roerma WG. Hutchinson & van der Zee 485 J. Groenewenen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:95. Published 2010 Mar 13.
-	275	Primary care practice and team structure	Structure	Al	Al	Effective	Not Defined	Primary care practice and team structure	de: 10.1186/17-248 (865-1-0.55) Kringss DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breacht of primary care a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi: 10.1186/1727-848 (865-1-0-05)
-	276	Primary care practice and team structure Professional associations	Structure	AI	ΔI	Effective	Not Defined Not Defined	The organization of professional associations for the primary care workforce	
3						Effective		The organization of professional associations for the primary care workforce The type of health care professionals that are considered to be part of the	dox 10.1186/1472-4886 6963-10-507 Kingos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. dox 10.1186/1472-4886 6963-10-588
3	277	Profile of primary care workforce	Structure	Al	Al	All	Not Defined	primary care workforce, and their gender balance	Kringos DS, Boerna WG, Hudzhinson A, van der Zee 465 J, Groenewegen PP. The Dreadh of primary care: a systematic literature review of its core dimensions. 407 circ. Health Serv Res. 2010; 10:50. Published 2010 Mar 13. Kringos DS, Boerna WG, Hudzhinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:55. Published 2010 Mar 13.
3	278	Quality management infrastructure in primary care	Process	AI	Al	Effective	Not Defined	Quality management infrastructure in primary care	doi:10.1186/1472-468.6963-10.69
3	279	Recognition and responsibilities	Process	AI	Al	All	Not Defined	Whether the primary care discipline is officially recognized as a separate discipline among the medical disciplines, with recognised responsibilities	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1186/1472-486.8963-10-60
3	280	Remuneration system of primary care workforce	Structure	AI	Al	All	Not Defined	Remuneration system of primary care workforce	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1198/LIG2-JAR 9003.LIG2-JAR 900
3	281	Skill-mix of primary care providers	Structure	All	Al	Effective	Not Defined	Skil-mix of primary care providers	Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doi:10.1186/H172-468 6963-10-62
3	282	The method of financing health care for the majority of the population	Structure	Al	AI	All	Not Defined	The method of financing health care for the majority of the population	
3	283	Technical efficiency	Structure	AI	Al	Efficient	Not Defined	A system is technical efficient if it cannot reduce its resource use without reducing its ability to treat patients or to reach certain outcomes	Kingso US, Bosens WG, Hatchisson A, van der Zee 465 J. Gronewagen PP. The breadth if proceedings of the Conference on th
3	284	Utilisation of primary care services	Process	AI	Al	Efficient	Not Defined	Actual consumption of primary care services	doc10.1186/1472-468 6963-10-64 Kringos DS, Boerma WG, Hutchinson A, van der Zee 485 J, Groenewegen PP. The breadth of primary care: a systematic internative review of its core dimensions. 467 BMC Health Serv Res. 2010;10:65. Published 2010 Mar 13. doc10.1186/1472-4488 6963-10-65
5	285	Patient satisfaction	Outcome	Al	All	Patient-	Not Defined	Patient satisfaction	doi:10.1186/1472-488.6963-10-65 Batbaatar, E., Dorjstagva, J., Lussannyam, A., Savino, M. M., & Amenta, P. (2016). Determinants of patient satisfaction: a systematic review. Perspectives in Public Health, 137(2), 89–101.
6	286	Proportion of patients that is satisfied with the quality of contact with his care	Outcome	Al	Al	centered Patient-	Not Defined Not Defined		Bekkering, G. E., Zeeuws, D., Lenaerts, E., Pas, L., Verstuyf, G., Matthys, F., Mathel, C. (2016). Development and Validation of Quality Indicators on Continuing Care for Patients With AUD: A Delphi Study. Alcohol and Alcoholism, 61(5),
12	286 287	giver(s). Costs and cost effectiveness	Structure	AI AI	ΑI	centered	Not Defined Not Defined	Proportion of patients that is satisfied with the quality of contact with his care giver(s). Costs and cost effectiveness	Flogren, G., Gorçalves-Bradley, D. C., & Porrey, MP. (2016). External inspection of compliance with standards for improved healthcare outcomes. Cochrane Database of Systematic Reviews.
4	288	Costs and cost effectiveness Annual review	Process	Chronic	Follow up and	Effective	P - Psychological	Costs and cost effectiveness Patients who do not attend the practice for their annual review who are identified and followed up by the practice team	1. Agency for Healthcare Research and Quality. AHRQ — quality indicators. AHRQ, 2016. www.qualityindicators.ahrq.gov (accessed 23 May 2017). 2. Kronenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying
			-		continuity Follow up and				orimany care quality indicators for people with serious mental illness: a systematic review. The British burnal of general practice: the burnal of the Royal College of General Practitioners. 2017;67(651):e519-e30 1. Parameswaran SG, Spaeth-Rubbie B, Pincus HA. Measuring the quality of mental health care: consensus perspectives from selected industrialized countries. Adm Policy Ment Health 2015; 42(3): 288-295. 2. Kronenberg C, Doran T,
4	289	System contact Therapeutic Plan and patient communications	Process	Chronic	continuity Treatment	Patient-	P - Psychological P - Psychological	System contact number of patients in contact with the treatment system Patients with all current medication clearly available at all consultations — brown drug disages, frequencies, Natory of side effects, review date	1. Parameteris SC, Specific Robert R. Poctar MA. Materiary the early of meet 3 hardware concerned a service deal of an actual control of the Company of the
\vdash						Centered	, ,		
4	291	Weight gain after use of medications	Outcome	Chronic	Follow up and continuity	Safe	P - Psychological	Number of patients with weight gain and use of concentrant medication	S. Dare CR, et al. Identifying primary care quality indicators for people with serious mental finess. a systematic rest legislation, such purpose in the production of the street in the district primary care quality indicators for people with serious mental finess. a systematic restoration in the Bibth journal of general practice: the journal of the Royal College of General Practicores. 2015;67(681) add 6-6. S. Dare CR, et al. Identifying primary care quality indicators for people with serious mental finess. a systematic restoration. The Bibth journal of general practice: the journal of the Royal College of General Practicores. 2015;67(681) add 6-6. S. Dare CR, et al. Identifying primary care quality indicators for people with serious mental finess. a systematic restoration. The Bibth journal of general practice: the journal of the Royal College of General Practicores. 2015;67(681) add 6-6. S. Dare CR, et al. Identifying primary care quality indicators for people with serious mental finess. a systematic restoration of the Royal College of General Practicores. 2015;67(681) add 6-6. S. Dare CR, et al. Identifying primary care quality indicators for people with serious mental finess. a systematic restoration of the Royal College of General Practicores. 2015;67(681) add 6-6. S. Dare CR, et al. Identifying primary care quality indicators for people with serious mental finess.

	4 292	Plasmatic monitoring for the use of lithium	Process	Chronic	Follow up and	Safe	P - Psychological	Number of patients in use of lithium and with plasma lithium levels monitored regularly	1. Konerberg C., Dozan T., Godderd M., Kendrick T., Gilbody S., Dare CR. et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. The British journal of general practice: the journal of the Royal College of General Practiceness. 2017;87(89):1961-896.01) [2. Zamorisk J. Obsensor PV. Bossestey N. Thelefor C. Georgest H., Vory O. Lithium one drug, the complexions. J. Internative Comp. 2017;57(9):1961-996.01) [2. Zamorisk J. Obsensor PV. Bossestey N. Thelefor C. Group St. H., Vory O. Lithium one drug, the complexions. J. Internative Comp. 2017;57(9):1961-996.01) [2. Zamorisk J. Obsensor PV. Bossestey N. Thelefor C. Group St. H., Vory O. Lithium one drug, the complexions. J. Internative Comp. 2017;57(9):1961-996.01) [2. Zamorisk J. Obsensor PV. Bossestey N. Thelefor Comp. Comp. Comp. Comp. Comp. 2017;57(9):1961-996.01) [2. Zamorisk J. Obsensor PV. Bossestey N. Thelefor Comp. Comp
		I manufact the monthly for the case of monthly	1100033	Ontonic	continuity	Curc	1 - 1 ayunongua	reaction of patients in task of section and that patients around notice inclination regarding	doi:10.11886/00960-017-0257-51 residential to a control of the c
	4 293	Antidepressants and anxiolytics prescription for Bipolar disorder	Process	Chronic	Treatment	Effective	P - Psychological	Percentages of bipolar service users prescribed antidepressants and anxiolytics	2014; 4(4): e004625: 4. Bjerkland, L., Horsdal, H. T., Mors, O., Østergaard, S. D., & Gasse, C. (2015). Trends in the psychopharmacological treatment of bipolar disorder: a nationwide register-based study. Acta Neuropsychiatrica, 28(02). 75-86.
	4 294	Screening tests for Depot antipsychotics	Process	Chronic	Screening and prevention	Effective	P - Psychological	Proportion of patients who are receiving depot antipsychotics who have appropriate laboratory screening tests	
	4 295	Antipsychotic medication review	Process	Chronic	Treatment	Effective	P - Psychological	Patients have their antipsychotic medication reviewed regularly, considering symptoms and side effects: appropriate referral to specialist	Royal College of General Practitioners, 2017;67(951):e519.e30
	4 296	Polyfarmacy	Process	Chronic	Treatment	Safe	P - Psychological	Number of patients using more than four psychotropic drugs at the same time	Konnenberg C, Doran T, Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for people with serious mental lifness: a systematic review. The British journal of general practice : the journal of the Royal College of General Practitioners. 2017;67(681) eds 19-e30. 2. Formar of M, De Berards D, Koshy XB, et al. Prevalence and clinical features associated with bipolar disorder polypharmacy: a systematic review. Neuropsychiatr Dis Test. 2017;67(681) eds 19-e30. 2. Formar of College C, Koshy XB, et al. Prevalence and clinical features associated with bipolar disorder polypharmacy: a systematic review. Neuropsychiatr Dis Test. 2017;67(681) eds 19-e30. 2. Formar of C, Koshy XB, et al. Prevalence and clinical features associated with bipolar disorder polypharmacy: a systematic review. Neuropsychiatr Dis Test. 2017;67(681) eds 19-e30. 2. Formar of C, Koshy XB, et al. Prevalence and clinical features associated with bipolar disorder polypharmacy: a systematic review. Neuropsychiatr Dis Test. 2017;67(681) eds 19-e30. 2. Formar of C, Koshy XB, et al. Prevalence and clinical features: associated with bipolar disorder polypharmacy: a systematic review. Neuropsychiatr Dis Test. 2017;67(681) eds 19-e30. 2. Formar of C, Koshy XB, et al. Prevalence and clinical features: associated with bipolar disorder polypharmacy: a systematic review. Neuropsychiatr Dis Test. 2017;67(681) eds 19-e30. 2. Formar of C, Koshy XB, et al. Prevalence and clinical features: a systematic review. Neuropsychiatr Dis Test. 2017;67(681) eds 19-e30. 2. Formar of C, Koshy XB, et al. Prevalence and clinical features: a systematic review. Neuropsychiatr Dis Test. 2017;67(681) eds 19-e30. 2. Formar of C, Koshy XB, et al. Prevalence and clinical features: a systematic review. Neuropsychiatr Dis Test. 2017;67(681) eds 19-e30. 2. Formar of C, Koshy XB, et al. Prevalence and clinical features: a systematic review. Neuropsychiatr Dis Test. 2017;67(681) eds 19-e30. 2. Formar of C, Koshy XB, et al. Pr
	5 297	Promptness of antidepressant treatment follow-up	Process	Chronic		Timely	P - Psychological	Adequate prompiness of artidepressant treatment follow-up	1. Duhoux A, Fournier L, Menear M. Quality indicators for Depression Treatment in Primary Care: A Systematic Literature Review. Current Psychiatry Reviews (2011) 7: 104. https://doi.org/10.2174/157340011796391166
	6 298	Falls	Outcome	Chronic	Screening and prevention	Effective	P - Psychological	Vulnerable eiders that should have documentation that they were asked at least annually about the occurrence of recent falls	1. Fujita K., Moles R.J., Chen TF. Quality indicators for responsible use of medicines: a systematic review BMJ Open 2018;8:e202437. doi: 10.1136/bmjopen-2017-020437 2. Kridger E., Tourigny A, Morin D, et al. Selecting process quality indicators for the integrated care of vulnerable older adults affected by cognitive impairment or dementia. BMC Health Serv Res 2007;7:195, 3. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care reliefs; Non Knommerford in wine 2 king 2007;2:195, 10. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care reliefs; Non Knommerford in wine 2 king 2007;2:195, 10. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care reliefs; Non Knommerford in wine 2 king 2007;2:195, 10. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care reliefs; Non Knommerford in wine 2 king 2007;2:195, 10. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care reliefs; Non Knommerford in wine 2 king 2007;2:195, 10. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care reliefs; Non Knommerford in wine 2 king 2007;2:195, 10. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care reliefs; Non Knommerford in wine 2 king 2007;2:195, 10. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care reliefs; Non Knommerford in wine 2 king 2007;2:195, 10. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care reliefs; Non Knommerford in wine 2 king 2007;2:195, 10. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care reliefs; Non Knommerford in wine 2 king 2007;2:195, 10. Chin WY, Lam CL, Lo SV, Quality of care of nurse-led and alled health personnel-led primary care relie
	1 [24] 299	Antidepressant medication management: effective continuation phase treatment	Process	Chronic	Treatment	Effective	P - Psychological	Percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of depression, were treated with antidepressant medication, and who remained on an artidepressant drug for at least 180 days (6 months).	Friedberg MW, Collin KL, Pearson SD, Kleimman KP, Zheng J, Singer JA, et al: Does affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22:1385-1392. // Kringos DS, Boerma WG, Hutchinson A, van der Zee 4655 J. Grozenewoenen PP. J. The breadth of crimary care: a systematic literature review of its core dimensions to some dimensional primary care: A systematic literature review of the some dimensional primary care: A systematic literature review of the some dimensional primary care: A systematic literature review of the some dimensional primary care: A systematic literature review of the some dimensional primary care: A systematic literature review of the some dimensional primary care and the systematic literature review of the some dimensional primary care and the systematic literature review of the some dimensional primary care and the systematic literature review of the systematic literature revie
	12 300	MRSA (methicillin-resistant Staphylococcus aureus) infection rates	Outcome	Chronic	Diagnosis	Safe	R - Respiratory	Percentage of MRSA (methicillin-resistant Staphylococcus aureus) infection	
	26 301	Bianual assessment of the location of symptoms and/or the presence or absence of limitations in daily activities	Outcome	Chronic	Diagnosis	Effective	L - Musculoskeletal	Providers caring for patients with symptoms of osteoarthritis should document all of the following at least once in 2 years: the location of symptoms and/or the presence or absence of limitations in daily activities.	r 1. Asch SM, McGlym EA, Hogan MM, Hayward RA, Stekele P, Rubertstein L, et al. Comparison of quality of care for patients in the Veterans Health Administration and patients in a rational sample. Annals of internal medicine. 2004;141(12):938-45. If 2. McGlym EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, et al. The quality of health care delivered to adults in the United States. The New England pursual of medicine. 2003;348(26):2635-45.
	26 302	Acetaminophen trial for patients with new diagnoses who need	Process	Chronic	Treatment	Effective	L - Musculoskeletal	Patients with a new diagnosis of osteoarthritis who wish to take medication for joint symptoms should be offered a trial of acetaminophen.	4 Arch SM McChinn EA Monay MM Mayured DA Shakala D Pubaretain Let al Comparison of quality of case for policyle in the Valence Mealth Administration and reflects in a policyle in a policyle in the Chinn EA Monay MM Mayured DA Shakala D Pubaretain Let al Comparison of quality of case for policyle in the Valence Mealth Administration and reflects in a policyle in the Chinn EA Monay MM Mayured DA Shakala D Pubaretain Let al Comparison of quality of case for policyle in the Valence Mealth Administration and reflects in a policyle in the Chinn EA Monay MM Mayured DA Shakala D Pubaretain Let al Comparison of quality of case for policyle in the Valence Mealth Administration and reflects in a policyle in the Chinn EA Monay MM Mayured DA Shakala D Pubaretain Let al Comparison of quality of case for policyle in the Chinn EA Monay MM Mayured DA Shakala D Pubaretain Let al Comparison of quality of case for policyle in the Chinn EA Monay MM Mayured DA Shakala D Pubaretain Let al Comparison of quality of case for policyle in the Chinn EA Monay MM Mayured DA Shakala D Pubaretain Let al Comparison of quality of case for policyle in the Chinn EA Monay MM Mayured DA Shakala D Pubaretain Let al Comparison of quality of case for policyle in the Chinn EA Monay MM Mayured DA Shakala D Pubaretain Let al Comparison of quality of case for policyle in the Chinn EA Monay MM
	26 303		Process	Chronic	Treatment	Effective	L - Musculoskeletal	Providers caring for patients with symptoms of hip or knee osteoarthritis should recommend exercise programs at least once in 2 years	A. Art N. M. McClym E. A. Hospin A. Manuscust Games (A. Shakeler). A second of quality of care for games in the Websam I have been a patient to a real-to-stand part of patients. A. Act S. M. McClym E.A. Hospin MM, Hayword RA, Shakeler P. Ruberneien I. et al. Comparison of quality of care for games in the Veteran Health Administration and patients in a real-to-stand patient in a real-to-s
	26 304	Annual assessment for vulnerable elders diagnosed and with symptoms of	Outcome	Chronic	Screening and	Effective	L - Musculoskeletal	IF a vulnerable elder is diagnosed with symptomatic osteoarthritis. THEN functional status and degree of pain should be assessed annually.	1. Gard D. Ang JT, Roth Cygn LM, About on, Plasting CJ, Nist F, et al. Quality of estimatoristic care for community-developed and the summary of the summary
Part		osteoarthrits Everying prescription for uninerable elders discovered and with symptomatic				-		1 1 1 1	Salba D, Kamberg CJ, et al. The quality of medical care provided to vulnerable community-develing older patients. Annato of internal medicine. 2003;13(9):740-7. 1 Saury DA, Chao HT, Both CP, Grand M, Komberg CJ, et al. The quality of medical care provided to vulnerable community-develing older patients. Annato of internal medicine. 2003;13(9):740-7.
		more than 3 months ago							Salba D, Kamberg CJ, et al. The quality of medical care provided to vulnerable community-dwelling older patients. Annals of internal medicine. 2003;139(9):740-7.
Page		person age 75 or older diagnosed more than 6 months ago	1100033		continuity			natural history, treatment, and self management of the disease was offered at least once.	
					continuity				
		First oral pharmacologic therapy	Process	Chronic		Effective	L - Musculoskeletal	F oral pharmacologic therapy is initiated to treat osteoarthritis, THEN acetaminophen should be the first drug used, unless there is a documented contraindication to use.	Ganz DA, Chang JT, Roth CP, Guan M, Kamberg CJ, Niu F, et al. Quality of osteoarthritis care for community-dwelling older adults. Arthritis and rheumatism. 2006;55(2):241-7.
1	26 309	Notice person age 75 or older of the risks associeted with drug of treatment	Process	Chronic	Follow up and continuity	Effective	L - Musculoskeletal		 Ganz DA, Chang JT, Roth CP, Guan M, Kamberg CJ, Niu F, et al. Quality of osteoarthritis care for community-dwelling older adults. Arithritis and rheumatism. 2006;55(2):241-7.
Page	26 310	Concomitant treatment with either misoprostol or a proton-pump inhibitor	Process	Chronic	Treatment	Effective	L - Musculoskeletal		Ganz DA, Chang JT, Roth CP, Guan M, Kamberg CJ, Niu F, et al. Quality of osteoarthritis care for community-dwelling older adults. Arthritis and rheumatism. 2006;55(2):241-7.
	26 311	Diagnostic aspiration of the painfully swollenred joint	Process	Chronic	Diagnosis	Effective	L - Musculoskeletal		1. Wenger NS, Solomon DH, Roth CP, MacLean CH, Saliba D, Kamberg CJ, et al. The quality of medical care provided to vulnerable community-dwelling older patients. Annals of internal medicine. 2003;139(9):740-7.
Part	26 312	Exercise prescription for vulnerable elders diagnosed and with symptomatic more than 12 months ago	Process	Chronic	Treatment	Effective	L - Musculoskeletal	physically and mentally able to exercise. THEN there should be evidence that a directed or supervised strengthening or aerobic exercise program was prescribed at least once since the time of diagnosis	t 1. Wenger NS, Solomon DH, Roth CP, MacLean CH, Saliba D, Kamberg CJ, et al. The quality of medical care provided to vulnerable community-dwelling older patients. Annals of internal medicine. 2003;139(9):740-7.
1	26 313	Education for vulnerable elders diagnosed more than 12 months, since the time of diagnosis	Process	Chronic	Screening and prevention	Effective	L - Musculoskeletal		
No.	26 314	Trial of maximum-dose acetaminophen before pharmacologic therapy from acetaminophen be changed to a different oral agent	Process	Chronic	Treatment	Effective	L - Musculoskeletal	IF oral pharmacologic therapy for osteoarthritis is changed from acetaminophen to a different oral agent, THEN there should be evidence that the patient has had a trial of maximum-dose acetaminophen (suitable for age and comorbid conditions).	1. Wenger NS, Solomon DH, Roth CP, MacLean CH, Sallba D, Kamberg CJ, et al. The quality of medical care provided to vulnerable community-dwelling older patients. Annals of internal medicine. 2003;139(9):740-7.
see the section of th	26 315	Notice vulnerable elders of the risks associeted with drug of treatment	Process	Chronic	Follow up and continuity	Effective	L - Musculoskeletal		1. Wenger NS, Solomon DH, Roth CP, MacLean CH, Saliba D, Kamberg CJ, et al. The quality of medical care provided to vulnerable community-dwelling older patients. Annals of internal medicine. 2003;139(9):740-7.
No. Section	26 316	Records that they have been offered health education of the disease at least once	Process	Chronic	Follow up and continuity	Effective	L - Musculoskeletal	The percentage of patients with symptomatic osteoarfiritis, whose notes contain a record that they have been offered education regarding the natural history, treatment, and self-management of the disease at least once	1. Broadbert J, Malisey S, Holland R, Steel N. Recorded quality of primary care for osteoarthrifts: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners. 2008;58(557):839-43.
Page	26 317	risks associated with treatment	Process	Chronic	continuity	Effective	L - Musculoskeletal	The percentage of patients with osteoarthritis treated with an NSAID, whose notes contain a record that they have been advised of the gastrointestinal and remainsks associated with this drug	1. Broadbert J, Malsey S, Holland R, Steel N. Recorded quality of primary care for osteoarthrifs: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners. 2008;58(557):839-43.
	26 318	Records that patients treated for symptomatic osteoarthritis have been assessed for functional status in the last year	Process	Chronic		Effective	L - Musculoskeletal	The percentage of patients treated for symptomatic osteoarthritis, whose notes contain a record that they have been assessed for functional status in the last year	1. Broadbert J, Malsey S, Holland R, Steel N. Recorded quality of primary care for osteoarthrifs: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners. 2008;58(557):839-43.
Pack	26 319	assessed for degree of pain in the last year	Process	Chronic	continuity	Effective	L - Musculoskeletal		1. Broadbert J, Malsey S, Holland R, Steel N. Recorded quality of primary care for osteoarthrifs: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners. 2008;58(557):839-43.
See	26 320	Record that patients with osteoarthritis regularly treated with an NSAID have been asked about gastrointestinal symptoms within the previous 12 months	Process	Chronic	Follow up and continuity	Effective	L - Musculoskeletal	The percentage of patients with osteoarthritis regularly treated with an NSAID, whose notes contain a record that they have been asked about gastrointestinal symptoms within the previous 12 months	1. Broadbert J, Maisey S, Holland R, Steel N. Recorded quality of primary care for osteoarthritis: an observational study. The British journal of general practice : the journal of the Royal College of General Practitioners. 2008;58(557):839-43.
Recompt for formal can be reformed as an off higher to seem for the last the service of the compt for present and personal person	26 321	osteoarthritis was initiated with paracetamol	Process	Chronic	continuity	Effective	L - Musculoskeletal	first (unless contraindicated)	1. Broadbert J, Malsey S, Holland R, Steel N. Recorded quality of primary care for osteoarthrifts: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners. 2008;58(557):839-43.
20 20 20 20 20 20 20 20	26 322	treatment for patients with osteoarthritis treated with an NSAID	Process	Chronic	Follow up and continuity	Effective	L - Musculoskeletal		1. Broadbert J, Malsey S, Holland R, Steel N. Recorded quality of primary care for osteoarthrifs: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners. 2008;58(557):839-43.
Page	26 323	symptomatic osteoarthritis of the knee or hip that has failed to respond to non- pharmacological and pharmacological therapy	Process	Chronic	Follow up and continuity	Effective	L - Musculoskeletal	The percentage of patients with severe symptomatic osteoarthritis of the knee or hip that has failed to respond to non-pharmacological and pharmacological therapy, whose notes contain a record that they were offered referral to an orthopaedic surgeon to be evaluated for total joint replacement within 6 months unless surgery is contratindicated	1. Broadbert J, Malsey S, Holland R, Steel N. Recorded quality of primary care for osteoarthritis: an observational study. The British journal of general practice : the journal of the Royal College of General Practitioners. 2008;58(557):839-43.
Parameter Para	26 324	in whom oral pharmacological therapy was changed from paracetamol to a	Process	Chronic	Follow up and continuity	Effective	L - Musculoskeletal	The percentage of patients in whom oral pharmacological therapy was changed from paracetamol to a different oral agent, whose notes contain a record that they were	1. Broadbert J, Maisey S, Holland R, Steel N. Recorded quality of primary care for osteoarthrifis: an observational study. The British journal of general practice: the journal of the Royal College of General Practicioners. 2008;58(557):839-43.
Second	26 325	Use paracetamol as first therapy oral pharmacological to treat detecarthritis	Process	Chronic	Treatment	Effective	L - Musculoskeletal	If oral pharmacological therapy is initiated to treat osteoarthritis among people aged 50 or older, then paracetamol should be the first drug used, unless there is a contraindication to use	1. Steel N. Bachmann M. Maisey S, Shekelle P, Breeze E, Marmot M, et al. Self reported recept of care consistent with 32 quality indicators: national population survey of adults aged 50 or more in England. Bmj. 2008;337:a957.
Part	26 326	Records that patients in whom first oral pharmacological therapy to treat	Process	Chronic	Follow up and	Effective	L - Musculoskeletal	IF or all pharmacological therapy is initiated to treat osteoarthritis among people aged 65 or older, THEN paracetamol should be the first drug used, unless there is a	1. Steel N, Maisey S, Clark A, Fleetcroft R, Howe A. Quality of clinical primary care and targeted incentive payments: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners.
Process Proc	26 327	Number of patients with a new diagnosis of osteoarthritis who wish to take medication for joint symptoms and trial of paracetamol	Process	Chronic	Treatment	Effective	L - Musculoskeletal	Patients with a new diagnosis of osteoarthritis who wish to take medication for joint symptoms should be offered a trial of paracetamol if not already tried.	1, Steel N. Maisey S. Clark A. Fleetcroft R. Howe A. Quality of clinical primary care and targeted incentive payments: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners.
Property	26 328		Process	Chronic	Treatment	Effective	L - Musculoskeletal	F oral pharmacological therapy for osteoanthritis is changed fro paracetamol to a different oral agent among people aged 65 or older, THEN the patient should have had a trial of maximum dose paracetamol (suitable for age	Steel N, Maisey S, Clark A, Pleetzoft R, Howe A. Quality of clinical primary care and targeted incentive payments: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners. 2007;57(530):449-54.
Secondary Seco	26 329	lbuprofen has been considered for first-line treatment for patients with osteoarthritis treated with an NSAID	Process	Chronic		Effective	L - Musculoskeletal		1. Steel N, Maisey S, Clark A, Fleetcroft R, Howe A. Quality of clinical primary care and targeted incentive payments: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners.
Secondary Seco	26 330	Annual assessment for patients aged 65 or older diagnosed and with symptoms of osteoarthritis	Outcome	Chronic	Follow up and continuity	Effective	L - Musculoskeletal	IF a person aged 65 or older is treated for symptomatic osteoarthrifs, THEN functional status and degree of pain should be assessed at least annually.	Steel N, Maisey S, Clark A, Fleetzroft R, Howe A. Quality of clinical primary care and targeted incentive payments: an observational study. The British journal of general practice : the journal of the Royal College of General Practitioners. 2007;57(539):449-54.
Second Second Processing Sec	26 331	Counseling/Education about natural history , treatment and management of symtomatic osteoarthritis for patients and RK or older diagnosed	Process	Chronic	Follow up and	Effective	L - Musculoskeletal	IF an ambulatory person aged 65 or older has a diagnosis of symptomatic osteoarthrits, THEN education regarding the natural history, treatment and self-management of the disease should be offered at least once	1. Steel N, Maisey S, Clark A, Fleetcroft R, Howe A. Quality of clinical primary care and targeted incentive payments: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners.
2 3 4 Output greatment and a NSADO To common specified or common and MSADO To common specified or common s	26 332	Advised of the risks associated with treatment with a non-selective NSAID or	Process	Chronic	· ·	Effective	L - Musculoskeletal	IF a person aged 65 or older is treated with a non-selective NSAID or with a COX-2 selective NSAID THEN the patient should be advised of the gastrointestinal and renal	Steel N, Malsey S, Clark A, Fleetzroft R, Howe A. Quality of clinical primary care and targeted incentive payments: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners. 2007;57(59):449-54.
Less and the control of the plant agoing for one and an annual processing and pro	26 333	Monitoring gastrointestinal symptoms during treatment with a NSAID for	Process	Chronic		Effective	L - Musculoskeletal		1. Steel N, Maisey S, Clark A, Fleetcroft R, Howe A. Quality of clinical primary care and targeted incentive payments: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners.
Posses Contactly Control of Contr		Refer patients aged 65 or older with severe symptomatic osteoarthritis of the		-	Follow up and			F a person aged 65 or older with severe symptomatic osteoarthrits of the knee or hip has failed to respond to non-pharmacological and pharmacological therapy, THEN	1. Steel N, Maisey S, Clark A, Fleetcroft R, Howe A. Quality of clinical primary care and targeted incentive payments: an observational study. The British journal of general practice: the journal of the Royal College of General Practitioners.
28 3 Confundly of care Process Confunction of Confu	H	replacement		Unronic	continuity				The state of the s
3 36 Accommodation 'patient-focused ori': Horne visib. 3 37 Qually of health promotion. Closely prevalence 3 38 Qually of health promotion. Closely prevalence 3 38 Qually of health promotion. Closely prevalence 3 38 Qually of health promotion. Closely prevalence 4 September 1. Express of the prevalence of the pr	26 335	Continuity of care	Process	Chronic	Follow up and continuity	Patient- centered	L - Musculoskeletal	r-asert questionnaire (i no Catecuarthritis Quality Indicator questionnaire) with 17 fems, where each rated on aspects as disease development, treatment alternatives, self-management, fleetily, entire label possibility and assessment, other aids assessment, pain assessment, pain assessment, acetaminophen, stronger pain killers ,NSAIDs, cortisone and referral to orthopedic surgeon.	51.2. Osteres N., Jordan KP. Clausen B. Condeiro C. Dziedzic K. Edwards J., et al. Self-reported quality care for lane costocarteristic comparisons across Denmark, Norway, Portugal and the UK. RMID Open. 2015;1(1):a0100
3 37 Quality of health promotion: Clossity prevalence Quite of Experiments (Part of Prevalence of Prevalence of Prevalence of Octoors (Part of Prevalence of Prevalence of Octoors) (Part of P	3 336	Accommodation "patient-focused on": Home visits	Process	Chronic	Al		Not Defined	PHC home visits	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) // 2. Ansarri, Z.
	3 337	Quality of health promotion: Obesity prevalence	Outcome	Chronic				Prevalence of obesity (19 to 64 anos) - 25> Body Mass Index <30	
	3 338	Quality of health promotion: Physical activity	Outcome	Chronic		Effective		Physical activity	Kingos, D. S., Boerma, W. G., Hulchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) / 2. Marshall M. Kazinga N. Leatherman S, Hardy C, Bergmann E, Pisco L, et al: CECO Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.

3	339	Quality of health promotion: Smoking rate	Outcome	Chronic	Screening and prevention	Effective	P - Psychological	Smoking rate	1. Kingos, D. S., Boerma, W. G., Hutchinson, A., van der Zeo, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) # 2. Marshall M., Klazings N. Leatherman S, Hardy C, Bergmann E, Pisco L, et al. CECD Health Care Catally indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
3	340	Quality of health promotion: Diabetes prevalence	Outcome	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	Diabetes prevalence	Kingos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic iterature review of its core dimensions. BMC Health Services Research, 10(1) # 2. Marshall M, Klazings N, Leatherman S, Hardy C, Bergmann E, Pisco L, et al. CECD Health Care Catally indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 16(Suppt 1):21-25.
3	341	Diagnosis and treatment - primary care: First visit in first trimester (CHF)	Process	Chronic	Screening and prevention	Timely	K - Cardiovascular	Diagnosis and treatment - primary care: First visit in first trimester	Kingos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) II 2. Marshall M, Kazinga N, Leatherman S, Hardy C, Bergmann E, Pisco L, et al: OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
3	342	Diagnosis and treatment - primary care: Smoking cessation counselling for asthmatics	Process	Chronic	Screening and prevention	Patient- centered	R - Respiratory	Diagnosis and treatment - primary care: Smoking cessation counselling for asthmatics	Kingos, D. S., Boerma, W. G., Hatchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) If 2. Marshall M, Klazinga N, Leatherman S, Hardy C, Bergmann E, Pisco L, et al: CECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
3	343	Diagnosis and treatment - primary care: Blood pressure measurement	Process	Chronic	Diagnosis / Treatment	Effective	K - Cardiovascular	Diagnosis and treatment - primary care: Blood pressure measurement	Kingos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1). If 2. Marshall M., Kluzinga N., Leatherman S. Hardy C., Bergman E., Pisco L., et al. (SECD Health Care Qually Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppt 1):21-25.
3	344	Diagnosis and treatment - primary care: Re-measurement of blood pressure for those with high blood pressure	Process	Chronic	Follow up and continuity	Effective	K - Cardiovascular	Diagnosis and treatment - primary care: Re-measurement of blood pressure for those with high blood pressure	Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marshall M., Kluzinga NI, Leatherman S. Hardy C. Bergmann E. Pisco L., et al: OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(b)uppt 1):21-25.
4	345	Continuity with provider	Process	Chronic	Follow up and continuity	Patient- centered	A - General and unspecified	Continuity with provider	1. Menear, M., Doré, I., Cloulier, AM., Perrier, L., Roberge, P., Duboux, A., Fournier, L. (2015). Chronic physical comorbidity burden and the quality of depression treatment in primary care: A systematic review. Journal of Psychosomatic Research, 78(4), 314–323. // 2. Houle J., et al. Inequities in medical follow-up for depression: a population-based study in Montreal. Psychiatr Serv 2010;61:258–63.
4	346	Intensity of follow-up	Process	Chronic	Follow up and continuity	Patient- centered	A - General and unspecified	Intensity of follow-up	 Menear, M., Doré, I., Cloudier, AM., Perrier, L., Roberge, P., Duhoux, A., Fournier, L. (2015). Chronic physical comorbidity burden and the quality of depression treatment in primary care: A systematic review. Journal of Psychosomatic Research, 78(4), 314–323. J. 2. Houle, J. et al. Inequities in medical followup for depression: a population based study in Microbial Psychiatric Serv. 2010;51:286–63. Monose M. Dock J. Christie J.M. Bergarie: Debates and Debates and Computer (2015). Propriet Psychiatric Reviews (2015).
4	347	Promptness of follow-up	Process	Chronic	continuity Screening and	Timely Patient-	A - General and unspecified	Promptness of follow-up A) IF a patient has RA, THEN their BMI should be documented at least once every year, AND B) if they are overweight or obese according to national guidelines, they	Mercer, M., Dost, I, Calder, A.M., Perrier, L., Roberge, P., Dubou, A., Forrier, L. (2015). Chronic physical connotability funders and the quality of depression sensitive programs are review. Journal of Psychosomatic Research, 19(3), 134–203. [2 February, 19 Februa
8	348	Body mass index (BMI) screening and lifestyle counseling	Process	Chronic	prevention Screening and	centered Patient-	A - General and unspecified		guideline recommendations and quality indicators. Artinitis Care Res 2015;67:169-79.
8	349	Communication of increased CV risk in RA	Process	Chronic	prevention	centered	K - Cardiovascular		Process. The Journal of Rhemanblogy, 2(9), 1548-1552 / Baster CE, Samin A. Estable JM, Barrako C, Martin CD, Fair P, et al. Best practices for cardiovascular diseases prevention in memandul arithrits: a synthesian review of memory of the process. The Journal of Rhemanblogy, 2(1), 1548-1552 / Baster CE, Et, Marchall, D. A., Morer, P., Marcin, G. B. L., Lacalle, D, Keeling, S. (2015). Development of Cardiovascular Oscillar process for Rhemanblody Aritins. Results from an international Expert Parel Using a Novel Ordine Process. The Journal of Rhemanblogy, 2(1), 1548-1555. If 2 Baster CE, Grains A, Estable M, Barrako CR, Martin CD, Fair P, et al. Rest practices for cardiovascular deserge prevention in international arithrits: a systematic review of
8	350	CV risk assessment	Process	Chronic	Screening and prevention	Effective	K - Cardiovascular	A) IF a patient has RA, THEN a format/CV risk assessment according to national guidelines should be done at least once in the first 2 years after evaluation by a rheumatologist, AND B) if low risk, it should be repeated once every 5 years, CR (c) initial assessment suggests intermediate or high-risk, THEN treatment of risk factors according to national guidelines should be recommended.	
8	351	Communication to PCP about a documented high blood pressure	Process	Chronic	Screening and prevention	Effective	K - Cardiovascular	IF a patient has RA AND has a blood pressure measure during a rheumatology clinic visit that is elevated (systolic blood pressure ≥ 140 and/or diastolic blood pressure ≥ 90). THEN the rheumatologist should recommend that it be repeated and treatment initiated or adjusted if indicated.	1. Barber, C. E. H., Marshall, D. A., Alvacet, N., Macroir, G. B. J., Lacuille, D., Keeling, S. (2015). Development of Cardiovaculor Daily Indicators for Pitomaniah Afritis: Results from an International Signet Powel Using a Novel Order Process. The Journal of Pitomaniahogy, 42(9), 1548–1558. #2 Barber CS, Smith A, Estale JM, Barmabe C, Marin LO, Faris P, et al. Beet prancise for cardiovascular desease prevention in International artifata: a systematic review of guideline recommensations and quality indicators. Artifatic Care Res 2015;67:169-72.
8	352	Measurement of a lipid profile	Process	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	F a patient has RA, THEN a lipid profile should be done at least once in the first 2 years after evaluation by a rheumatologist AND A) if low risk according to CV risk access, the lipid profile should be repeated once every 5 years; CR B) if CV risk assessment suggests intermediate or high risk, then beatment according to national guidelines should be recommended.	1. Barber, C. E. H., Marchall, D. A., Alvarez, N., Marcini, G. B. J., Lacalle, D, Keeling, S. (2015). Development of Cardiovascular Quality Indicates in Proceedings of Proceedings o
8	353	Minimizing corticosteroid usage	Process	Chronic	Follow up and continuity	Safe	A - General and unspecified	IF a patient with RA is taking onal conficosteroids, THEN there should be evidence of intent to taper the conficosteroids or reduce to the lowest possible dose.	1. Barber, C. E. H., Marchal, D. A., Alvarez, N., Marchin, G. B. J., Lacalle, D., Keeling, S. (2015). Development of Condovascular Quality indicators for Resoundable Arthrifes. Results from an International Expert Parel Using a Novel Ordine Process. The Journal of Resemblogy, 42(0), 1548–1555. If 2. Barber CE, Smith. A. Escale J. M. Barraber, C. Martin L. O. Fair P. et al. Best practices for cardiovascular diseases prevention in rhermatical sufferits. a systematic review of public process. The Journal of Resemblogy, 42(0), 1548–1555. If 2. Barber CE, Smith. A. Escale J. M. Barraber, C. Martin C. P. Res 2015(67):1679-18.
8	354	Screening for diabetes	Process	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	If a patient has RA. THEN dashes should be convened for a part of a CV risk assessment at least once within the first 2 years of evaluation by a financiariosity and A) once every 5 years in besinesk patient on 80 years in intermediate to A province patients and 10 years of evaluation by a financiariosity of the primary care provider for appropriate followay and managament, if includes Nette. Fish there denotes risk of dashets and assessment of diabetes risk is described in details of the financiariosities for the quality careful control for the primary care provider for appropriate followay and managament, if includes Nette (Risk here denotes risk of dashets and assessment of diabetes risk is described in details in the full specifications for the quality discharge (risk here denotes risk of diabetes and assessment of diabetes risk is described in dashet and the province of the primary careful province of the pri	1. Barbor, C. E. H. Manhall, D. A., Wanez, N. Likerzin, G. B. J., Lacelle, D., Meeks, S. (2015). Perologoneral Conference on Daily Infection for Phonosish finding. Results from an International Expert Posed Using a Novel Order Process. The Journal of Phenosiships, 42(9), 1548–1555. If 2. Barbor C.S. Cells Related Like Barraica Caledon, 105. Rep 4 and Respression for another source review of guideline recommendations and quality indicators. Arthrife Care Res 2015;67:169-79.
8	355	Screening for hypertension	Process	Chronic	Screening and prevention	Effective	K - Cardiovascular	IF a patient has RA, THEN their blood pressure should be measured and documented in the medical record at ≥ 80% of clinic visits.	1. Barber, C. E. H., Marshal, D. A., Alvarez, N., Marcini, G. B. J., Lacalle, D., Keeling, S. (2015). Development of Cardiovascular Quality Indicators for Rheumatoid Arthritis: Results from an International Expert Panel Using a Novel Online Process. The Journal of Rheumatology, 42(9), 1548–1555. Il 2. Barber CE, Smith A. Establis J.M., Barrabe C., Martin L.O., Fairs P. et al. Best practices for cardiovascular disease provention in theumatoid arthritis: a systematic review of guideline recommendators and qualify indicators. Arthritis Cere Res 2015;57(1-9);67 ee-Re 2015;57(1-9);67(1-9).
8	356	Smoking status and cessation counseling	Process	Chronic	Screening and prevention	Effective	A - General and unspecified	A) IF a patient has RA, THEN their smoking and tobacco use status should be documented at least once in the last year, AND B) if they are current smokers or tobacco users they should be counseled to stop smoking.	Safetine concernmentations and quality includers. Arthris Case Pos 2015;57:1867.9 Is Barber, C. E. H., Marchall, D. A., Alvares, N., Marcini, G. B. J., Lascella, O., Keefing S. (2015); Development of Carbonistic Deality inductors in Elementated Arthris Results from an International Spent Panel Using a Novel Office Process. The Journal of Rheumatology, 42(9), 1548–1555. If 2. Barber C. E. Smith. A. Estable JM. Barmabe C., Martin C. D. Fair P. et al. Best practices for cardiovascular diseases prevention in neumatoid arthrits: a systematic review of guideline recommendation and quality indicates. Arthris Case Res 2015;67:16978.
3 (24)	357	Comprehensive diabetes care: HbA1c testing	Process	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	Percentage of patients with type 1 or type 2 diabetes who were 18–75 years old and had a hemoglobin A1c test during the measurement year.	Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groonewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) // Friedberg MW, Collin KL, Pearson SD, Kleinman KP, Zheng J, Singer JA, et al: Does affiliation of physician groups with one another groduce higher quality primary care? J Gen Intern Med 2007, 22:1385-1392.
3 (24)	358	Comprehensive diabetes care: eye exams	Process	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	Percentage of patients with type 1 or type 2 dabelets who were 18-75 years dut and to da related or distant eye examily an eye care professional in the measurement year or a negative reside same (no evidence of eritorapishy by an eye care professional in the year before the measurement year. Fersidan of databed eye examily an eye care professional in the measurement year (regarded of results) or A related or distant eye examily an eye care professional in the year prior to the measurement year.	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2019). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) if Friedberg MW, Colle KL, Pearson SD, Kleiman KP, Zhong J, Singer JA, et al: Does affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22:1385-1392.
3 (24)	359	Comprehensive diabetes care: LDL-C screening	Process	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	Percentage of patients with type 1 or type 2 diabetes who were 18–75 years old and had a low-density lipoprotein cholesterol (LDL-C) test performed during the measurement year or year before the measurement year. Measure the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who have had their cholesterol level checked and have had their cholesterol level controlled level controlled to the contro	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J. & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #Friedberg MW, Collin KL, Pearson SD, Kleinman KP, Zheng J, Singer JA, et al: Does affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22:1385-1392.
3 (24)	360	Comprehensive diabetes care: monitoring diabetic nephropathy	Process	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	Percentage of patients with type 1 or type 2 diabetes who were 18–75 years old and have been screened, during the measurement year or year before the measurement year, for urine microalbumin or have nephropathy, as demonstrated by either evidence of medical attention for nephropathy, a visit to nephropidy, or a positive urine microalbumin test.	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #Friedberg MW, Collin KL, Pearson SD, Kleinman KP, Zheng J, Singer JA, et al: Does affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22-1385-1392.
3 (24)	361	Appropriate asthma medications for adults ages 18 to 56	Process	Chronic	Treatment	Effective	R - Respiratory	Percentage of enrolled members aged 18 to 56 years during the measurement year with were identified as having persistent astimus during the year before the measurement year and who were experipositely prescribed medication formly the measurement year (i.e., those who had a least 1 dispensed prescribed for inhabed controlled to the production of the pro	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) #Friedberg MW, Collin KL, Pearson SD, Kleinman KP, Zheng J, Singer JA, et al: Does affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22-1385-1392.
3 (24)	362	Cholesterol screening test after acute cardiovascular events	Process	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	Percentage of patients ages 18 through 75 who, from January 1 through November 1 of the year before the measurement year, were discharged alive for acute myocardial infarction (AMI), coronary artery lypases graft (CABG), or percutaneous transfurmatic ocronary angiophasy (PTCA), or with o had a diagnosis of ischemic vascular desases (IVI) and with bed to well-entity lypoprotein cholesteric (ILLC), or large formed any time during the measurement year.	1. Kringos, D. S., Boerma, W. G., Hutchimson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic Iterature review of its core dimensions. BMC Health Services Research, 10(1) // Friedberg MW, Collin KL, Pearson SD, Kleinman KP, Zheng J, Singer JA, et al: Does affiliation of physician groups with one another produce higher quality primary care? J Gen Intern Med 2007, 22-1385-1392.
3 (25)	363	Anti-hypertensive medications prescribed: % of the recommended	Process	Chronic	Treatment	Safe	K - Cardiovascular	Compliance to guidelines.	1. Kingos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) if Gene-Badia J., Ascaso C, Escaramis-Babiano G, Sampietro-Colom L, Catalain-Ramos A, Sarrs-Corrales M, et al: Personalised care, access, quality and team coordination are the main dimensions of family medicine output Fam Pract 2007, 24:41-47.
3 (25)	364	Anti-diabetes medications prescribed: % of the recommended	Process	Chronic	Treatment	Safe	T - Endocrine/Metabolic and Nutritional	Compliance to guidelines.	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) if Gene-Badia J., Ascaso C, Escaramis-Babiano G, Sampietro-Colom L, Catalan-Ramos A, Sans-Corrales M, et al: Personalised care, access, quality and team coordination are the main dimensions of family medicine output Fam Pract 2007, 24:41-47.
3 (25)	365	Anti-asthma medications prescribed: % of the recommended	Process	Chronic	Treatment	Safe	R - Respiratory	Compliance to guidelines.	1. Kingos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) if Gene-Badia J., Ascaso C, Escaramis-Babiano G, Sampietro-Colom L, Catalain-Ramos A, Sarrs-Corrales M, et al: Personalised care, access, quality and team coordination are the main dimensions of family medicine output Fam Pract 2007, 24:41-47.
3 (52)	366	Preventable adverse events in primary care related to drugs	Outcome	Chronic	Treatment	Safe	A - General and unspecified	Incorrect drug, Incorrect dose, Delayed administration, Omitted administration	1. Kingsp., D. S., Boerna, W. G., Hadrinson, A., van der Zee, J., & Coccereigen, P. P. (2010). The breath of primary pare: a systematic literate review of so use denotions. BMC Health Services Research, 10(1) Ansart Z. A review of festivate or a concess to primary parties and put Prim Health 2017, 135.05. 1. Kingsp., D. S., Boerna, W. G., Hadrinson, A., van der Zee, J. & Coccereigen, P. (2010). The breath of primary pare: a systematic literate review of its our offerencies. BMC Health Services Research, 10(1) Ansart Z. A review of festivate on access to primary parties. and J. Prim Health 2017, 135.05.
3 (52)	367	Preventable adverse events in primary care related to diagnosis	Outcome	Chronic	Diagnosis	Safe	A - General and unspecified	Misdiagnosis: Missed diagnosis, Delayed diagnosis	
8 (21)	368	Communication of increased cardiovascular disease risk in rheumatoid arthritis	Process	Chronic	Diagnosis	Effective	L - Musculoskeletal	Communication of increased CV risk in RA. IF a patient has RA, THEN he treating rheumatologist should communicate to the primary care physician (PCP), at least once within the last 2 years, that patients with RA have an increased CV risk. CV risk assessment: A) IF a patient has RA, THEN a format CV risk assessment according to national guidelines should be done at least once in the first 2 years after	Process. The Journal of Rheumatology, 42(9), 1548–1555. J Barber CE, Smith A, Edable JM, Barmabe C, Martin LO, Faris P, et al. Best practices for cardiovascular desase prevention in rheumatoid arthritis: a systematic review of guideline recommendations and quality indicators. Arthritis Care Res 2015(87:169-91).
8 (21)	369	Cardiovascular disease risk assessment	Process	Chronic	Screening and prevention	Effective	K - Cardiovascular	evaluation by a rheumatologist, AND B) if low risk, it should be repeated once every 5 years; OR C) if initial assessment suggests intermediate or high-risk, THEN treatment of risk factors according to national guidelines should be recommended.	1. Barker, C. E. H., Marshal, D. A., Alvaner, N., Marcini, G. B., Lacasile, D., Keeling, S. (2015). Development of Cardiovascular Casily indicators for Rheumatoids Afritis: Results from an International Speen Panel Using a Novel Orline Process. The Journal of Rheumatology, 42(9), 1548–1555. J. Barter CE, Serim R. Edisside all Ramber, C. Marcini, C. Serim P. Edisside all Ramber, C. Marcini, Case Res 2015;67:169-79.
8 (21)	370	Smoking status and cessation counseling	Process	Chronic	Screening and prevention	Effective	A - General and unspecified	Smoking status and cessation courseling: A) F a patient has RA, THEN their smoking and tobacco use status should be documented at least once in the last year, AND B) if they are current smokers or tobacco users they should be courseled to stop smoking.	1. Bufber, C. E. H., Marshall, D. A., Morse, Y. Marcell, G. B., L. Lacelle, C Keeling, S. (2014). Under control of industrial c
8 (21)	371	Screening for hypertension	Process	Chronic	Screening and prevention	Effective	K - Cardiovascular	Screening for hypertension: IF a patient has RA, THEN their blood pressure should be measured and documented in the medical record at ≥ 80% of clinic visits	Process The Journal of Pharmatology 42(9) 1546-1555 // Barbar CE Smith & Enthala IM Barbar C Martin I O Early D at all Barbar practices for configurations of recognition in rhaumatoid arthritis: a sustained of
8 (21)	372	Communication to primary care physician about a documented high blood pressure	Process	Chronic	Diagnosis	Effective	K - Cardiovascular	Communication to PCP about a documented high blood pressure: IF a patient has RA AND has a blood pressure measure during a rheumatology clinic visit that is elevated (systolic blood pressure ≥ 140 and/or dastolic blood pressure > 140). Theth when maiologist should recommend that it be repeated and treatment initiated or adjusted if indicated.	Ellerber, C. E. H. Marchall, D. A. Alvere, V. Marcini, G. B. J. Lacello, D., Keeling, S. (2015), D., Keeling, S. (2015), E. State C. E. H. Marchall, D. A. Alvere, V. Marcini, G. B. J. Lacello, D., Keeling, S. (2015), C. Marchall, D. A. Water, V. Marcini, G. B. J. Lacello, D., Keeling, S. (2015), E. State C. E. State A. State D. A. State C. E. State D. A. State C. State D. A. State C. State D. A. State C. State D. A. State D. A. State C. State D. A. Stat
8 (21)	373	Measurement of a lipid profile	Process	Chronic	Screening and prevention	Safe	T - Endocrine/Metabolic and Nutritional	Measurement of a lipid profile: F a patient has RA, THEN a lipid profile should be done all least once in the first 2 years after evaluation by a rheumatologist AND A) if low risk according to CV risk scores, the lipid profile should be repeated once every 5 years; CR B) if CV risk assessment suggests intermediate or high risk, then treatment according to CV risk scores, and the contraction of the contraction	1. Barber, C. E. H., Marchall, D. A., Alvarez, N., Marcini, G. B. J., Lacelle, D., Meeling, S. (2016). Underspectation and quanty inscension. Avaisable on the Sci 2010; 1992. 1. Barber, C. E. H., Marchall, D. A., Alvarez, N., Marcini, G. B. J., Lacelle, D., Meeling, S. (2016). Underspectation (Landburg data for the Sci 2016 Add Affiritis. Results from an International Expert Panel Using a Novel Ordine Process. The Journal of Rheumatology, 42(9), 1548–1558. If Barber C.S. smith, 8. Estable .M. Barmaber, D., Marcini, C., Farris P. et al. Best practices for cardiovascular desses prevention in theumatol arthritis: a systematic review of quickle necommendation and quality indicates. Arthritis Carle Res 2015;67:16978.
8 (21)	374	Screening for diabetes	Process	Chronic	Screening and prevention	Safe	T - Endocrine/Metabolic and Nutritional	Secreting for falleties: IF a patient has RA. THEM debates about be screened for a part of a CV risk assessment at least one with the first "parts of evaluation by a networking and one every Syperal in beside parts of the part of evaluation by a networking and one of the parts of evaluation by a networking and the command and the co	1. Barber, C. E. H., Marchall, D. A., Alvarez, N., Marcini, G. B. J., Lacalle, D., Keeling, S. (2015). Development of Cardiovascular Quality indicators for Rheumatoid Arbritis: Results from an International Expert Panel Using a Novel Orline Process. The Journal of Rheumatoidy, 42(9), 1544–1555. J. Barber CE, Seimh A. Essale J. M. Barmabe C., Marchall, C. Paris P. et al. Best practices for cardiovascular desease prevention in rheumatoid arbritis: a systematic neview of quality inclines. Arbritis Care Res 2015(67):169-79.
8 (21)	375	Exercise	Outcome	Chronic	Screening and prevention	Patient- centered	A - General and unspecified	Exercise: IF a patient has RA, THEN physical activity goals should be discussed with their rheumatologist at least once yearly	1. Barber, C. E. H., Marshall, D. A., Alvarez, N., Marcini, G. B. J., Lecalle, D., Keeling, S. (2015). Development of Condovascular Quality indicators for Rhoumatoid Arthrifes. Resubs from an International Expert Panel Using a Novel Online Process. The Journal of Rhoumatology, 42(9), 1549–1555. If Barber C.S. smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barmatology, 43(14), 1547–1555. If Barber CS, smith. A Estable July Barber CS, smith. A Est
8 (21)	376	Body mass index screening and lifestyle counseling	Process	Chronic	Screening and prevention	Effective	A - General and unspecified	Body mass index (BMI) screening and lifestyle counseling: A) F a patient has RA, THEN their BMI should be documented at least once every year, AND B) if they are overweight or obese according to national guidelines, they should be counseled to modify their lifestyle.	1. Barber, C. E. H., Marshal, D. A., Alvarez, N., Mancini, G. B. J., Lacaille, D., Keeling, S. (2015). Development of Cardovascular Quality indicators for Rheumstoid Arthritis: Results from an International Expert Panel Using a Novel Online
8 (21)	377	Minimizing corticosterold usage	Process	Chronic	Treatment	Safe	A - General and unspecified	Minimizing corticosteroid usage: IF a patient with RA is taking oral corticosteroids, THEN there should be evidence of intent to taper the corticosteroids or reduce to the lowest possible dose.	1. Batter C. E. H. Marshall, D. A. Mores, M. Marshall, D. Mores, M. Marshall, D. A. Mores, M. Marshall, D. A. Mores, M. Ma
8 (21)	378	Communication about risks/benefits of antiinflammatories in patients at high risk of cardiovascular events	Process	Chronic	Screening and prevention	Effective	K - Cardiovascular	Communication about risks benefits of artifulfammatories in patients at high risk of CV events: IF a patient has RA, AND has established CV disease OR is at informediate or high CV risk AND is taking a nonsteroidal artifulfammatory drug (or COX-2 inhibitor), THEN a discussion about the potential CV risks should occur and be downed and the control of	
10 (31)	379	Coronary heart disease: blood pressure achievement	Outcome	Chronic	Diagnosis	Effective	K - Cardiovascular	Coronary heart disease: blood pressure achievement	Bosckostsens, P., Smedt, D. D., Maeseneer, J. D., Annemans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework: A systematic review. BMC Health Services Research, 11(1), If Crawley D. Ng A, Malnous AS, Majeded A, Millett C: Impact of pay for performance or quality of chronic desease management by social class group in England J. R Scow Med. 2009, 102(3):103-107.
10 (31)	380	Coronary heart disease: Cholesterol achievement	Outcome	Chronic	Diagnosis	Effective	K - Cardiovascular	Coronary heart disease: Cholesterol achievement	Benchmark D. Cond. D. D. Marrow, J. D. Annoya, J. S. Miller, C. (2014). The model of models of the model of t
10 (31)	381	Coronary heart disease: Use of antihypertensives	Process	Chronic	Treatment	Safe	K - Cardiovascular	Coronary heart disease: Use of antihypertensives	Decisioners, p. cited, D. P. Massered, D. A. Perimental, S. Maria, I perimension president of the resident of the graph of countries and president of the graph o
10 (31)	382	Coronary heart disease: Use of lipid lowering drugs	Process	Chronic	Treatment	Safe	K - Cardiovascular	Coronary heart disease: Use of lipid lowering drugs	Ng A, Mainous AG, Majeed A, Millett C: Impact of pay for performance on quality of chronic disease management by social class group in England. J R Soc Med 2009, 102(3):103-107.
10 (13)	383	Diabetes patients: blood pressure measured	Process	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	Diabetes patients: blood pressure measured	Boocksstern, P., Smedt, D. D., Masseneer, J. D., Ammans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework: A systematic review (BMC Health Services Research, 11(1), #Milett C, Bottle A, Ng A, Cucin V, Michisha M, Sasens S. Majeech. Payr for perforance and the quality of dabetes management in individuals with and without co-morbid medical conditions. J R Soc Med 2009, 10(2)(3):309-317.
10 (13)	384	Diabetes patients: recorded smoking status	Process	Chronic	Screening and prevention	Patient- centered	T - Endocrine/Metabolic and Nutritional	Diabetes patients: recorded smoking status	Bookostaene, P., Smedt, D. D., Masseneer, J. D., Annomers, L. & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework. A systematic review BMC Health Services Research, 11(1). If Milett C, Bootle A, Ng A, Currin V, Mobelshia M, Sasena S, Majeed A: Payr for performance and the quality of dabates management in individuals with and without co-morbid medical conditions. J R Soc Med 2009, 10(2)(9):309-317.

10 (13)	385	Diabetes patients: Smoking cessation advice	Process	Chronic	Screening and prevention	Patient- centered	T - Endocrine/Metabolic and Nutritional	Diabetes patients: Smoking cessation advice	Boockostaers, P., Smedt, D. D., Maeseneer, J. D., Aronemans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework: A systematic review. BMC Health Services Research, 11(1), if Millett C, Bottle A, Hg, A, Curcin V, Molokhia M, Saxena S, Majeed A: Pay for performance and the quality of dabetes management in individuals with and without co-morticl medical conditions. J R Sec Med 2009, 102(9):309-317.
10 (13)	386	Diabetes patients: smoking prevalence	Outcome	Chronic	Diagnosis	Effective	T - Endocrine/Metabolic and Nutritional	Diabetes patients: smoking prevalence	Boocksstaers, P., Smedt, D. D., Maeseneer, J. D., Annemans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework. A systematic review. BMC Health Services Research, 11(1), if Milett C, Bottle A, Ng A, Curcin V, Molokhia M, Saxema S, Majeed A: Pay for performance and the quality of dabetes management in individuals with and without co-morticl medical conditions. J R Soc Med 2009, 10(2)(3):99-377.
10 (13)	387	Diabetes: Cholesterol achievement	Outcome	Chronic	Diagnosis	Effective	T - Endocrine/Metabolic and Nutritional	Diabetes: Cholesterol achievement	Bocclostaers, P., Smedt, D. D., Maeseneer, J. D., Annemans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework. A systematic review. BMC Health Services Research, 11(1), if Millett C, Botle A, By A, Curcin V, Moloikha M, Saxena S, Majeed A: Pay for performance and the quality of dabetes management in individuals with and without co-morticl medical conditions. J R Soc Med 2009, 10(2)(9):399-317.
10 (13)	388	Diabetes: HbA1c achievement	Outcome	Chronic	Diagnosis	Effective	T - Endocrine/Metabolic and Nutritional	Diabetes: HbA1c achievement	Boeckostaers, P., Smedt, D. D., Maesenser, J. D., Avenemars, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework: A systematic review BMC Health Services Research, 11(1), if Milett C, Bottle A, Ng A, Curcin V, Molickinia M, Saversa S, Majeed A: Pay for performance and the quality of databates management in individuals with and without co-morbid medical conditions. J R Soc Med 2009, 102(9):369-317.
10 (13)	389	Diabetes: Use of antihypertensives	Process	Chronic	Treatment	Effective	T - Endocrine/Metabolic and Nutritional	Diabetes: Use of arithypertensives	Bocclostaers, P., Smedt, D. D., Maeseneer, J. D., Annemans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework. A systematic review. BMC Health Services Research, 11(1), if Millett C, Bottle A, Ng A, Curcin V, Moloikha M, Saxema S, Majeed A: Pay for performance and the quality of dabetes management in individuals with and without co-morticl medical conditions. J R Soc Med 2009, 10(2)(9):399-377.
10 (13)	390	Diabetes: Use of lipid lowering drugs	Process	Chronic	Treatment	Effective	T - Endocrine/Metabolic and Nutritional	Diabetes: Use of lipid lowering drugs	Boockostaers, P., Smedt, D. D., Maeseneer, J. D., Annemans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework: A systematic review. BMC Health Services Research, 11(1). // Millett C, Bottle A, Ng A, Curcin V, Miloshini M, Sasene S, Majeed AP. Pay for performance and the quality of disbetes management in individuals with and without co-morbid medical conditions. J R Soc Med 2009, 10(2)(9):269-377.
10 (13)	391	Diabetes: Use of oral hypoglycaemic agents	Process	Chronic	Treatment	Effective	T - Endocrine/Metabolic and Nutritional	Diabetes: Use of oral hypoglycaemic agents	Boeckestaers, P., Smedt, D. D., Masserneer, J. D., Annemars, L., & Willers, S. (2011). The equity dimension in evaluations of the quality and outcomes framework: A systematic review. BMC Health Services Research, 11(1). # Millett C, Botte, N. Ng. A. Curcin V, Michieha M, Sauren S, Majeed A. Pay for perforance and the quality of database immagement in individuals with and without co-morbid medical conditions. J R Soc. Med 2009, 102(9):369-377.
10 (13)	392	Hypertension: Proportion of patients with hypertension, with at least one record of Rody Mass Index in the last 12 months	Process	Chronic	Follow up and	Effective	K - Cardiovascular	Hypertension: Proportion of patients with hypertension, with at least one record of Body Mass index in the last 12 months.	Bookstaters, P., Smed, D. D., Massenerer, J. D., Americans, L., & Willers, S. (2011). The equity dimension in evaluations of the quality and extoners framework a plant and without co-morbid medical conditions. A plant and thought of the plant and will be a plant and without co-morbid medical conditions. J R Sec Med 2009, 10(2)(9):393-377.
10	393	Hypertension: Use of antihypertensives	Process	Chronic	Treatment	Effective	K - Cardiovascular	Hypertension: Use of antihypertensives	Bottle A, Ng A, Curcin V, Microsina M, Saxena S, Majeed A: Pay tor personance and the quality or caseless management in incrividuals with and without co-mortion medical constitions. J R 500 Med 2009, 102(9):309-31 f. Boeckostaens, P., Smedt, D. D., Maeseneer, J. D., Annemans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework: A systematic review. BMC Health Services Research, 11(1).
10 (33)	394	Cerebrovascular Disease: MRI/CT scan	Process	Chronic	Diagnosis	Effective	K - Cardiovascular	Cerebrovascular Disease: MRUCT scan	Bockosterns, P., Smedt, D. D., Masseneer, J. D., Armemans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework A systematic review. BMC Health Services Research, 11(1): #Mc Govern MB Massoud, Taylor Michael Williams David, Harnsford Philip, Lefever Karen, Simpson Colin: The effect of the LK Incentive based contract on the management of patients with occorany hearth disease in primary care. Family Practice 2008, 22-33-39.
10 (33)	395	Cerebrovascular Disease: Smoking status and Smokers given advice	Process	Chronic	Screening and prevention	Effective	K - Cardiovascular	Cerebrovascular Disease: Smoking status and Smokers given advice	Boeckostaens, P., Smedt, D. D., Maeseneer, J. D., Amermans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework. A systematic review. BMC Health Services Research, 11(1). if Mc Govern MB Massoud, Taylor Michael, Williams David, Harnaford Philip, Lefevre Karen, Simpson Colin: The effect of the UK incentive based contract on the management of patients with coronary hearth disease in primary care. Family Practice 2019, 1911.
10 (33)	396	Cerebrovascular Disease: Cholesterol with measurement 55 mmoVL	Process	Chronic	Screening and prevention	Effective	K - Cardiovascular	Cerebrovascular Disease: Cholesterol with measurement 55 mmol/L	Boecksstaers, P., Smedt, D. D., Maeseneer, J. D., Annemans, L., & Willems, S. (2011). The equity dimension in evaluations of the quality and outcomes framework A systematic review. BMC Health Services Research, 11(1). If Mc Govern MB Massoud, Taylor Michael, Williams David, Hannaford Philip, Lefever Karen, Simpson Coin: The effect of the UK incentive based contraction the management of patients with coronary hearth disease in primary care. Family Practice 2018, 253,236.
10 (33)	397	Cerebrovascular Disease: Blood pressure controlled	Process	Chronic	Screening and prevention	Effective	K - Cardiovascular	Cerebrovascular Disease: Blood pressure controlled	Boodssbers, P., Smed, D. D., Meseneer, J. D., Arnemans, L., & Willers, S. (2011). The equity dimension in evaluations of the quality and outcomes framework. A systematic review BMC Health Services Research, 11(1), 7 Mc Govern MB Massoud. Taylor Michael, Williams David, Harnaford Philip, Lethere Karen, Singson Colin: The effect of the UK recentive based contract on the management of patients with coronary hearth desists in primary care. Family Practice 2008, 22(33).
10 (33)	398	Cerebrovascular Disease: Antiplatelet or anticoagulant therapy usage	Process	Chronic	Treatment	Effective	K - Cardiovascular	Cerebrovascular Disease: Artiplatelet or anticoagulant therapy usage	Bocclostaters, P., Sneed, D. D., Masseneer, J. D., Armenars, L., & Willems, S. (2011). The capity dimension in evaluations of the quality and outcomes framework: A systematic review. BMC Health Services Research, 11(1). #Mc Govern MBM Massoud, Taylor Michael, Williams David, Harmaford Philip, Lefevre Karen, Simpson Colin: The effect of the U.K. recertive based contract on the management of patients with coronary hearth disease in primary care. Family Practice 2008, 22:33-39.
10 (33)	399	Cerebrovascular Disease: Flu vaccination recorded	Process	Chronic	Screening and prevention	Safe	K - Cardiovascular	Cerebrovascular Disease: Flu vaccination recorded	Bockssters, P., Smed, D. D., Massmer, J. D., Arnemans, L., & Willers, S. (2011). The equity dimension in evaluations of the quality and outcomes framework. A systematic review. BMC Health Services Research, 11(1), I Mc Govern MB Massoud, Taylor Michael, Williams David, Harnaford Philip, Lethere Karen, Singson Color: The effect of the UK receive based contract on the management of patients with coronary hearth disease in primary care. Family Practice 2009, 22(33).
10 (33)	400	Cerebrovascular Disease: Body mass index	Process	Chronic	Screening and	Safe	K - Cardiovascular	Cerebrovascular Disease: Body mass index	Boeckostaens, P., Smedt, D. D., Masseneer, J. D., Amerimans, L., & Willerns, S. (2011). The equity dimension in evaluations of the quality and outcomes framework: A systematic review. BMC Health Services Research, 11(1), J. M. Govern M. Mill Management of pollutaria, with concepts began began before the measurement of pollutaria, with concepts began be
11	401	Primary Care Visits for Asthma	Process	Chronic	Follow up and	Equitable	R - Respiratory	Primary Care Visits for Asthma	To, T., Guthnam, A., Lougheed, M. D., Gerston, A. S., Del, S. D., Slarbrook, M. B., Fismure, D. N. (2010). In 18th Ed. (1998). In 18th Ed. (19
11	402	Asthma Education from Certified Asthma	Process	Chronic	continuity Screening and		R - Respiratory	Authora Education from Certified Asthma	
		Educator	_		Screening and prevention Follow up and	centered		Educator	To, T., Guthnam, A., Lougheed, M. D., Gerston, A. S., Del, S. D., Starbook, M. B., Fanne, D. N. (2016). Holison-based performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International Journal for Couling in Health Case. 2(26), 1478–446.
11	403	Pulmonary Function Monitoring	Process	Chronic	continuity Follow up and	Effective	R - Respiratory	Pulmonary Function Monitoring	Journal for Quality in Health Care , 2016, 1476–155. To T, Guthmann, A, Lougheed, M. D., Gerston, A. S., Dell, S. D., Sandrook, M. B., Firsman, D. A. (2016), Evidence-based performance indicators of primary care for anthrea: a modified RAND Appropriateness Method. International
11	404	Asthma Control Monitoring	Process	Chronic	continuity	Effective	R - Respiratory	Asthma Control Monitoring	Journal for Curality in Menth Core 22(6) 476-485
11	405	Controller Medication - Overall use	Process	Chronic	Treatment	Effective	R - Respiratory	Controller Medication - Overall use	To, T., Guttmann, A., Lougheed, M. D., Gerston, A. S., Dell, S. D., Stanbrook, M. B., Flarman, D. N. (2016). Evidence-base performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International Journal for Quality in Health Care, 22(6), 476–485.
11	406	Controller Medication - Prescriptions	Process	Chronic	Treatment	Effective	R - Respiratory	Controller Medication - Prescriptions	To, T, Guttmarn, A, Lougheed, M. D., Gershon, A. S., Dell, S. D., Starbook, M. B.,: Fisman, D. N. (2010). Evidence-based performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International Journal for Quality in Health Care, 22(6), 476–485. To T. Guttmarn, A. Lougheed, M. D., Gershon, A. S. Dell, S. D., Starbook, M. R
11	407	Asthma Control - Overall	Process	Chronic	Treatment	Effective	R - Respiratory	Asthma Control - Overall	
11	408	Asthma Control - Symptom-free Days	Outcome	Chronic	Treatment	Effective	R - Respiratory	Asthma Control - Symptom-free Days	To, T., Guttmann, A., Lougheed, M. D., Gershon, A. S., Dell, S. D., Stanbrook, M. B., Harnan, D. N. (2010). Evidence-based performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International Journal for Caulity in 476-485.
11	409	Asthma Control - Absenteeism from Work/School for Asthma	Outcome	Chronic	Treatment	Effective	R - Respiratory	Asthma Control - Absenteeism from Work/School for Asthma	In-mark for Our file in Marsh Core 2008, 478, 488
11	410	Pulmonary Function Test	Process	Chronic	Diagnosis	Effective	R - Respiratory	Pulmonary Function Test	To, T., Guttmann, A., Lougheed, M. D., Gerston, A. S., Dell, S. D., Stanbrook, M. B., Fisman, D. N. (2010). Strikenochased performance indicators of primary care for astirma: a modified RAND Appropriateness Method. International Journal for Quality in Health Care. 22(6), 476–485.
11	411	Asthma: Received Action Plan	Process	Chronic	Treatment	Effective	R - Respiratory	Asthma: Received Action Plan	
11	412	Asthma: Reliever Medication Use	Process	Chronic	Treatment	Effective	R - Respiratory	Asthma: Reliever Medication Use	To, T., Guthnam, A., Lougheed, M. D., Gerston, A. S., Del, S. D., Starbood, M. B., Famm, D. N. (20) in Section 20, in Section
11	413	Asthma: Seen by a Specialist	Process	Chronic	Follow up and continuity	Effective	R - Respiratory	Asthma: Seen by a Specialist	To, T., Guttmann, A., Lougheed, M. D., Gershon, A. S., Dell, S. D., Stanbrook, M. B., Fisman, D. N. (2010). Evidence-based performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International Journal for Quality in Health Care, 22(6), 470–465.
11	414	Asthma: Smoking Cessation	Outcome	Chronic	Follow up and continuity	Effective	R - Respiratory	Asthma: Smoking Cessation	To, T., Guttmarn, A., Lougheed, M. D., Gershon, A. S., Dell, S. D., Stanbrook, M. B., Fismin, D. N. (2010). Evidence-based performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International Journal for Quality in Health Care, 22(6), 476–485.
11	415	Asthma Exacerbations	Outcome	AI	Follow up and continuity	Effective	R - Respiratory	Asthma Exacerbations	To, T., Guttmann, A., Lougheed, M. D., Gershon, A. S., Dell, S. D., Stanbrook, M. B., Firman, D. N. (2010). Evidence-based performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International Journal for Custok in Health Care. 22(6). 476–465.
11	416	Asthma: Weight Reduction	Outcome	Chronic	Follow up and	Effective	R - Respiratory	Weight Reduction	To T. Guttmann A. Lounboard M.D. Gerston A.S. Dell S.D. Stanboord M.B. Eisman D.N. (2010). Evidence-based performance indicators of primary care for actions: a modified PAND Appropriateness Method International
11	417	Referred to Asthma Education Program/Asthma Centre	Process	Chronic	continuity Follow up and	Effective	R - Respiratory	Referred to Asthma Education Program/Asthma Centre	Source for Gain's Inheside Care, 2201, 474-456. Annual For Gain's Inheside Care, 2201, 474-456. To T, Gufmann, A, Lougheed, M. D, Garshon, A. S, Dell, S. D. Starbood, M. B., Firman, D. I. (2016). Evidence-based performance inhesidence of primary care for softma: a modified RAND Appropriatness Method International Journal For Gailly in Health Care, 2201, 474-456. To T, Gufmann, A, Lougheed, M. D, Gershon, A. S, Dell, S. D., Sabrodo, M. B., Firman, D. I. (2016). Evidence-based performance inhesidence of primary care for astrina; a modified RAND Appropriatness Method. International Care of the Care
11	418	Patient Quality of Life	Outcome	Chronic	Follow up and	Patient-	R - Respiratory	Patient Quality of Life	To, T., Guttmann, A., Lougheed, M. D., Gershon, A. S., Dell, S. D., Stanbrook, M. B., Firsman, D. N. (2010). Evidence-base performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International
- 11	419	Inhaler Technique Monitoring	Process	Chronic	continuity Follow up and continuity	centered Effective	R - Respiratory	Inhaler Technique Monitoring	Journal for Quality in Health Care 2(26), 476-485. To, T., Guttmann, A., Lougheed, M. D., Gershon, A. S., Dell, S. D., Stanbrook, M. B., Firann, D. N. (2010). Evidence-based performance indicators of primary care for astirma: a modified RAND Appropriateness Method. International
- 11	420	Routine Care Provider for asthma	Process	Chronic	Follow up and	Patient-	R - Respiratory	Routine Care Provider for asthma	Journal for Quality in Health Care, 22(6), 476–485. To, T., Guttmann, A., Lougheed, M. D., Gershon, A. S., Dell, S. D., Stanbrook, M. B., Fisman, D. N. (2010). Evidence-based performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International
15	421		Process	Chronic	continuity Treatment	centered Safe	U - Urological	Allopurinal prescribed at a close of >200mg/day to patients with renal impairment (estimated glomerular filtration rate <30)	Journal for Quality in Health Care. 22(6). 476-485. Spencer, R., Bel, B., Avery, A. J., Gookey, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181-e190.
15	422	Allopurinol prescribed at a dose of >200 mg/day to patients with renal impairment (estimated glomerular filtration rate <30) Amitriptyline at dose >75mg prescribed to a patient with heart failure,			Treatment	Safe	K - Cardiovascular	Analyzamina prescribed as a cose or >zoomigicary to patients with renal impairment (estimated gonerical installor) rate <-30) Amitriplyline at dose >75mg prescribed to a patient with heart failure, arrhythmia, heart block, or postural hypotension	Spencer, R., Bet, B., Avery, A. J., Gooley, G., & Campbett, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181–e190.
	422	arrhythmia, heart block. or postural hypotension Bupropion prescribed to a patient with epilepsy	Process Process		Treatment		R - Cardiovascular P - Psychological	Amthiphyline at dose >75mg prescribed to a patient with heart failure, arrhythmia, heart block or postural hypotension Bupropion prescribed to a patient with epilepsy	Spencer, R., Bel, B., Aver, J. J., Gookey, G. & Campbel, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181-e190. Spencer, R., Bel, B., Aver, J. J., Gookey, G. & Campbel, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181-e190.
15 15	424	Glitazone prescribed to patient with heart failure Metformin prescribed to a patient with renal impairment where the estimated		Chronic	Treatment	Safe	K - Cardiovascular T - Endocrine/Metabolic and	Glitazone prescribed to patient with heart failure	Spencer, R., Bel, B., Avery, A. J., Gookey, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181–e190.
15	425	glomerular filtration rate is \$30ml/min	Process	Chronic	Treatment	Safe	Nutritional / U - Urological	Metformin prescribed to a patient with renal impairment where the estimated glomerular filtration rate is \$30ml/min	Spencer, R., Bel, B., Avery, A. J., Gookey, G. & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181–e190.
15	426	Modified-release potassium supplements prescribed to a patient with a history of peotic ulcer disease	Process	Chronic	Treatment	Safe	D - Digestive	Modified-release potassium supplements prescribed to a patient with a history of peptic ulcer disease	Spencer, R., Bel, B., Avery, A. J., Gookey, G., & Campbel, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181-e190.
15 15	427 428	Prescription of a beta-blocker to a patient with asthma Prescription of a long-acting beta-2 agonist inhaler to a patient with asthma who is not also prescribed an inhaled corticosteroid	Process	Chronic	Treatment Treatment	Safe Safe	R - Respiratory	Prescription of a beta-blocker to a patient with asthma Prescription of a long-acting beta-2 agonist inhaler to a patient with asthma who is not also prescribed an inhaled corticosteroid	Spencer, R., Bell, B., Avery, A. J., Gookey, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181-e190. Spencer, R., Bell, B., Avery, A. J., Gookey, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181-e190.
15	429	who is not also prescribed an inhaled corticosteroid Prescription of a Non-steroid anti-inflammatory drug in a patient with chronic renal failure with an estimated glomerular filtration rate <45	Process	Chronic	Treatment	Safe	U - Urological	Prescription of a Non-steroid arti-inflammatory drug in a patient with chronic renal failure with an estimated glomerular filtration rate <45	Spencer, R., Bel, B., Avery, A. J., Gookey, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181–e190.
15	430	Prescription of a Non-steroid anti-inflammatory drug in a patient with heart	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of a Non-steroid anni-maintains y drog in a patient will circuit retain failure with an estimated glottle dust instanting and the Prescription of a Non-steroid anti-inflammatory drug in a patient with heart failure	Spencer, R., Bell, B., Avery, A. J., Gookey, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs, British Journal of General Practice, 64(621), e181–e190.
15	430	failure Prescription of a potassium salt or potassium-sparing diuretic (excluding aldosterone antagonists) to a patient who is also receiving an angiotensin-	Process	Chronic	Treatment	Safe Safe	K - Cardiovascular	Prescription of a potassium salt or potassium-sparing diuretic (excluding aldosterone antagonists) to a patient who is also receiving an angiotensin-converting-enzyme	Spencer, R., Bel, B., Avery, A. J., Gookey, G., & Campbel, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British. Journal of General Practice, 64(621), e181–e190. Spencer, R., Bel, B., Avery, A. J., Gookey, G., & Campbel, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181–e190.
15	432	converting-enzyme inhibitor or angiotensin II receptor antagonist Prescription of digoxin at a dose >125 mg daily in a patient with renal impairment (for example, chronic kidney disease 3 or worse)	Process	Chronic	Treatment	Safe	K - Cardiovascular / U - Urological	inhibitor or angiotensin il receptor antagonist Prescription of digoxin at a dose >125 mg daily in a patient with renal impairment (for example, chronic kidney disease 3 or worse)	Spencer, R., Bell, B., Avery, A. J., Gookey, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181–e190.
15	433	Prescription of digoxin at a dose of greater than 125 mg daily for a patient with heart failure who is in sinus rhythm	Process	Chronic	Treatment	Safe	K - Cardiovascular	Prescription of digoxin at a dose of greater than 125 mg daily for a patient with heart failure who is in sinus rhythm	Spencer, R., Bel, B., Avery, A. J., Gookey, G., & Campbel, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181-e190.
15	434	Prescription of diltiazem or verapamil in a patient with heart failure	Process		Treatment	Safe	K - Cardiovascular	Prescription of diblazem or verapamil in a patient with heart failure	Spencer, R., Bel, B., Avery, A. J., Gookey, G., & Campbel, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181–e190.
15	435	Prescription of mefloquine to a patient with a history of convulsions Use of a hypothyroid agent without monitoring relevant thyroid function tests	Process		Treatment	Safe	N - Neurological T - Endocrine/Metabolic and	Prescription of mefloquine to a patient with a history of convulsions	Spencer, R., Bell, B., Avery, A. J., Gookey, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181–e190.
15	436	within 2-4 months of initiation or dosage change and at least every 15 months thereafter	Process	Chronic	Treatment Follow up and	Safe Patient-	Nutritional	Use of a hypothyroid agent without monitoring relevant thyroid function tests within 2–4 months of initiation or dosage change and at least every 15 months thereafter	Spencer, R., Bell, B., Avery, A. J., Gookey, G., & Campbell, S. M. (2014). Identification of an updated set of prescribing-safety indicators for GPs. British Journal of General Practice, 64(621), e181–e190.
16	437	Health-related QoL in patients with chronic conditions and their carers	Outcome	Chronic	continuity Follow up and	centered	A - General and unspecified	Health-related QoL in patients with chronic conditions and their carers	Otry de Labry Lima, A., García Mochón, L., & Bermúdez Tamayo, C. (2017). Identificación de indicadores de resultado en salud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Calidad Asistencial, 32(5), 278–288.
16	438	Hypertension: control of blood pressure level in high risk patients	Process	Chronic	continuity	Effective	K - Cardiovascular	Hypertension: control of blood pressure level in high risk patients	Oity de Labry Lima, A., García Mochón, L., & Bermidez Yamayo, C. (2017). Identificación de indicadores de resultado en salud en atención primaria. Una revisión de revisiónes sistemáticas. Revista de Caldad Asistencial, 32(5), 276–288.
16	439	Lipid control in patients with ischaemic heart disease Patients with chronic conditions attended in primary care according to	Process	Chronic	Follow up and continuity Screening and	Effective	T - Endocrine/Metabolic and Nutritional	Lipid control in patients with ischaerric heart disease	Otry de Labry Lima, A., Garcia Mochón, L., & Bermúdez Tamayo, C. (2017). Identificación de indicadores de resultado en salud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Calidad Asistencial, 32(8), 278-288.
16	440	stratification profiles of their health status	Outcome	Chronic	prevention	Effective Patient	A - General and unspecified	Patients with chronic conditions attended in primary care according to stratification profiles of their health status	Oiry de Labry Lima, A., García Mochón, L., & Bermúdez Tamayo, C. (2017). Identificación de indicadores de resultado en salud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Caldad Asistencial, 32(5), 278–288.
16	441	Patients with chronic conditions attended in primary health care by a social services professional (sanitary action)	Outcome	Chronic	Screening and prevention	patient- centered	A - General and unspecified	Patients with chronic conditions attended in primary health care by a social services professional (sanitary action)	Ohy de Labry Lima, A., Garcia Mochón, L., & Bermidez Tamayo, C. (2017). Identificación de indicadores de resultado en salud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Calidad Asistencial, 32(5), 278–288.
16	442	care care multiple chronic conditions and medications attended in primary	Outcome	Chronic	Screening and Prevention	Patient- centered	A - General and unspecified	Patients with multiple chronic conditions and medications attended in primary care	Otry de Labry Lima, A., García Mochón, L., & Bermúdez Tamayo, C. (2017). Identificación de indicadores de resultado en salud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Caldad Asistencial, 32(5), 278–288.
16	443	Prevention of pressure ulcers in patients included in the chronic dependent patients care program	Outcome	Chronic	Screening and prevention	Safe	A - General and unspecified	Prevention of pressure ulcers in patients included in the chronic dependent patients care program	Otry de Labry Lima, A., García Mochón, L., & Bermúdez Tamayo, C. (2017). Identificación de indicadores de resultado en salud en atención primaria. Una revisión de revisiones sistemáticas. Revista de Caldad Asistencial, 32(5), 278-288.
16	444	Primary care use by patients with chronic conditions	Process	Chronic	Screening and prevention	Patient- centered	A - General and unspecified	Primary care use by patients with chronic conditions	Oiry de Labry Lima, A., García Mochón, L., & Bermidez Tamayo, C. (2017). Identificación de indicadores de resultado en salud en altención primaria. Una revisión de revisiones sistemáticas. Revista de Calidad Adistencial, 32(5), 278-288.
18	445	Comprehensive physical health assessment with appropriate advice	Process	Chronic	Screening and prevention	Citania.	A - General and unspecified	Comprehensive physical health assessment with appropriate advice	Kronenberg, C., Doran, T., Goddard, M., Kendrick, T., Gilbody, S., Dare, C. R., Jacobs, R. (2017). identifying primary care really indicators for people with serious mental illness: a systematic review. British Journal of General Practice, 67(61), j. 619–6530.

		Counselling on observed activity and/or putrition for those with documented		1 1	Screening and				Knoephers C, Doran T, Goldard M, Kendick T, Gilboth S, Daro C D. Jacobs P. (2017). Identifying primary care quality indicators for people with perious mental libers: a systematic review. British Journal of General Practice.
18	446	Counselling on physical activity and/or nutrition for those with documented elevated BMI	Process	Chronic	Screening and prevention	Effective	A - General and unspecified	Counselling on physical activity and/or nutrition for those with documented elevated BMI	Kronenberg, C., Doran, T., Goddard, M., Kendrick, T., Gibody, S., Dare, C. R., Jacobs, R. (2017). Mentifying primary care quality indicators for people with serious mental illness: a systematic review. British Journal of General Practice, 67(661), e519-e530.
18	447	Diabetes and cholesterol monitoring for people with schizophrenia and diabetes	Process	Chronic	Follow up and continuity	Effective	T - Endocrine/Metabolic and Nutritional	Diabetes and cholesterol monitoring for people with schizophrenia and diabetes	Kronenberg, C., Doran, I., Goodard, M., Kendrick, I., Globody, S., Dare, C. R., Jacobs, K. (2017). Beenstying primary care quality indicators for people with serious mental liness: a systematic review. British Journal of General Pracace, 165(61), e519–e530.
18	448	Diabetes monitoring for people with diabetes and schizophrenia	Process	Chronic	Follow up and	Effective	T - Endocrine/Metabolic and Nutritional	Diabetes monitoring for people with diabetes and schizophrenia	Kronenberg, C., Doran, T., Goddard, M., Kendrick, T., Gibody, S., Dare, C. R., Jacobs, R. (2017). Identifying immary capually indicators for people with serious mental illness: a systematic review. British Journal of General Practice, 970 (1971).
18	449	Diabetes screening for people who are using antipsychotic medications	Process	Chronic	continuity Screening and	Effective	T - Endocrine/Metabolic and	Diabetes screening for people who are using antipsychotic medications	61(601, 619-630). Fronenberg, C., Doran, T., Goddard, M., Kendrick, T., Gilbody, S., Dare, C. R., Jacobs, R. (2017). Mentifying primary care quality indicators for people with serious mental illness: a systematic review. British Journal of General Practice, 67(61), 6519-6530.
			_		prevention Screening and		Nutritional T - Endocrine/Metabolic and	* * * * * * * * * * * * * * * * * * * *	Fridest 1, 2519—e530. Kronenberg C., Doran T., Goddard M., Kendrick, T., Gilbody, S., Dare, C. R.,
18	450	Foot exam for patients with serious mental illness who have diabetes	Process	Chronic	prevention	Effective	Nutritional	Foot exam for patients with serious mental illness who have diabetes	67(661), e519-e530.
18	451	Hypertension counselling: patients with hypertension who received education services related to hypertension, nutrition, cooking, physical activity, or	Process	Chronic	Screening and prevention	Patient-	K - Cardiovascular	Hypertension counselling: patients with hypertension who received education services related to hypertension, nutrition, cooking, physical activity, or exercise	Kronenberg, C., Doran, T., Goddard, M., Kendrick, T., Gilbody, S., Dare, C. R., Jacobs, R. (2017). Identifying primary care quality indicators for people with serious mental illness: a systematic review. British Journal of General Practice, 67(651), e519–e530.
		exercise				centered			
18	452	Hypertension: recording and monitoring patients with hypertension and high blood cholesterol (LDL)	Process	Chronic	Follow up and continuity	Effective	K - Cardiovascular	Hypertension: recording and monitoring patients with hypertension and high blood cholesterol (LDL)	Kronenberg, C., Doran, T., Goddard, M., Kendrick, T., Gilbody, S., Dare, C. R., Jacobs, R. (2017). Identifying primary care quality indicators for people with serious mental illness: a systematic review. British Journal of General Practice, 57(661). e5(19). 65(19).
18	453	Medical attention for nephropathy	Process	Chronic	Screening and	Safe	U - Urological	Medical attention for nephropathy	Fromenberg, C., Doran, T., Goddard, M., Kendrick, T., Gibody, S., Dare, C. R., Jacobs, R. (2017). Identifying primary care quality indicators for people with serious mental liness: a systematic review. British Journal of General Practice, 67(651), e519–e530.
18	454	Patients with diabetes who received psychoeducation related to weight (BMI).	Process		prevention Screening and	Patient-	T - Endocrine/Metabolic and	Patients with diabetes who received psychoeducation related to weight (BMI), diabetes (blood ducose levels)	67(61); e519-e530. Kronenberg, C., Doran, T., Goddard, M., Kendrick, T., Gilbody, S., Dare, C. R., Jacobs, R. (2017). Identifying primary care quality indicators for people with serious mental illness: a systematic review. British Journal of General Practice,
		diabetes (blood glucose levels)		Chronic	prevention		Nutritional / P - Psychological	., ., ., .,	
18	455	Proportion of patients who have an increased blood glucose level	Outcome	Chronic	Diagnosis	Effective	Nutritional / P - Psychological	Proportion of patients who have an increased blood glucose level	67(661) =519 =520
18	456	Proportion of patients who have an increased blood pressure	Outcome	Chronic	Diagnosis	Effective	K - Cardiovascular	Proportion of patients who have an increased blood pressure	Kronenberg, C., Doran, T., Goddard, M., Kendrick, T., Gilbody, S., Dare, C. R., Jacobs, R. (2017). Medifying rimary care quality indicators for people with serious mental illness: a systematic review. British Journal of General Practice, 67(651), e519-e530.
18	457	Proportion of patients who have increased level of blood lipids	Outcome	Chronic	Diagnosis	Effective	T - Endocrine/Metabolic and	Proportion of patients who have increased level of blood lipids	
					-		Nutritional / P - Psychological		Knonenberg, C., Doran, T., Goddard, M., Kendrick, T., Gilbody, S., Dare, C. R., Jacobs, R. (2017). Identifying strings care quality indicators for people with serious mental illness: a systematic review. British Journal of General Practice.
18	458	Proportion of patients who have low levels of glycosylated haemoglobin	Outcome	Chronic	Diagnosis	Effective	Nutritional / P - Psychological	Proportion of patients who have low levels of glycosylated haemoglobin	67(661), e519-e530.
18	459	Proportion with increased BMI / abdominal waist line	Outcome	Chronic	Diagnosis	Effective	T - Endocrine/Metabolic and Nutritional / P - Psychological	Proportion with increased BMVabdominal waistline	Kronenberg, C., Doran, T., Goodard, M., Kendrick, T., Gibbody, S., Dare, C. R., Jacobs, R. (2017). Identifying primary care quanty inactions for people with senious mental illness: a systematic review. British Journal of General Practice, 87(861) a 510-850.
18	460	Retinal exam for patients with serious mental illness who have diabetes	Process	Chronic	Screening and prevention	Effective	T - Endocrine@fetabolic and	Retinal exam for patients with serious mental illness who have diabetes	Kronenberg, C., Doran, T., Goddard, M., Kendrick, T., Gilbody, S., Dare, C. R., Jacobs, R. (2017). Identifying primary care quality indicators for people with serious mental illness: a systematic review. British Journal of General Practice, 67(661), e519-e530.
18	461		Process	Chronic	Screening and	Effective	Nutritional / P - Psychological T - Endocrine/Metabolic and	Weight management/BMI monitoring	67(901), 6519-6930. Kronenberg, C., Doran, T., Goddard, M., Kendrick, T., Gilbody, S., Dare, C. R., Jacobs, R. (2017). identifying primary care quality indicators for people with serious mental liness: a systematic review. British Journal of General Practice,
		Weight management/BMI monitoring	_		prevention	Ellective	Nutritional / P - Psychological		67(661), e519-e530.
19	462	Asthma: Adequate technique for childhood asthma	Process	Chronic	Treatment	Effective	R - Respiratory	Asthma: Adequate technique for childhood asthma	Raza-Caree-Lockes, J., Agains-Laraere, N., Sanche-Daz, J. M., Calcino-Sestoo, M. L., do Jame-Neverland, M. E., a Prade-Lifezy, M. (2015) indicators for chancoo damma in Spain, using the ratio memory. Amongstedigis. 43(2), 1471-156. Raza-Carelo-Clockes, J., Agains-Liraere, N., Sánche-Daz, J. M., Garcio-Gestoo, M. L., do Jame-Revuella, M. E., a Pharea-Disepy, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allengologia et Immunostrational, 43(2), 1471-156.
19	463	Asthma: Asthmatic patients with screening for depression	Process	Chronic	Screening and prevention	Safe	R - Respiratory	Asthma: Asthmatic patients with screening for depression	Ruiz-Canela-Cáceres, J., Aquino-Linares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., de Jaime-Revuella, M. E., & Pinena-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et
19	464	Asthma: Basic medication has been prescribed for childhood asthma	Process	Chronic	Treatment	Effective	R - Respiratory	Asthma: Basic medication has been prescribed for childhood asthma	
						_		·	Immunopathological 3/3/20, 147-155. Butto Capally Change L. Antino, Lineage N. Sciochar Diaz J. M. Garcia Gastres, M. J. do Lineage Research M. 2015), Indicators for children's reference in Scion, using the Panel method Manufacture at
19	465	Asthma: Children assessed by a nurse in the past six months	Process	Chronic	Screening and prevention	Effective	R - Respiratory	Asthma: Children assessed by a nurse in the past six months	Ruiz-Carela-Cáceres, J., Aquino-Linares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., de Jaim-Reveab, M. E., & Parena-Crespo, M. (2015). Indicators for childhood astima in Spain, using the Rand method. Allergologia et Immunopathologia, 43(2), 147–156.
19	466	Asthma: Children over eight years of age with variability measurements	Process	Chronic	Diagnosis	Effective	R - Respiratory	Asthma: Children over eight years of age with variability measurements	Ruiz-Canela-Cáceres, J., Aquino-Llinares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., de Jainer-Revuelta, M. E., & Praena-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allengologia et lampuscantibolishing 4/(2), 447-416.
19	467	Asthma: Children with a severity classification for their asthma at least once a	Process	Chronic	Diagnosis	Effective	R - Respiratory	Asthma: Children with a severity classification for their asthma at least once a year	
19	468	year Asthma: Days free of symptoms in the two previous weeks	Outcome	Chronic	Follow up and	Effective	R - Respiratory	Asthma: Days free of symptoms in the two previous weeks	RUID-Lames-Laceres, J., Aguino-Linares, N., Sancier-Lusz, J. M., Garcia-Gestoso, M. L., ob Jame-Revuesa, M. E., a Praena-Crespo, M. (2/15). Indicators for chiamoda astrma in Spain, using the Rand method. Alergologia et Immunopathologia, 4(32), 147-155. Ruiz-Canela-Cáceres, J., Aguino-Linares, N., Sánchez-Diaz, J. M., García-Gestos, M. L., de Jaime-Revuela, M. E., & Praena-Crespo, M. (2015). Indicators for childhood astrma in Spain, using the Rand method. Alergologia et al., 1999.
					continuity Follow up and	Effective Patient-		* ** *	Print Control Control L Assignal Invasor N. Sanchay Day J. M. Garcia-Gastero M. Lei Limmunopathiciga, 4(32), 147—156. Print Control Control L Assignal Invasor N. Sanchay Day J. M. Garcia-Gastero M. Lei Limmunopathiciga, 4(32), 147—156. Print Control Control L Assignal Invasor N. Sanchay Day J. M. Garcia-Gastero M. Lei Limmunopathiciga, 4(32), 147—156.
19	469	Asthma: Educational objectives in the last 12 months	Outcome	Chronic	Follow up and continuity	Patient- centered	R - Respiratory	Asthma: Educational objectives in the last 12 months	Rus Carelo-Cacres, J. Again-Linners, N., Sandrac-Daz, J. M., Garcio-Gestoo, M. L., de Jam-Revoulle, M. E., & Phrenos-Ciespo, M. (2015). Indication for childhood ashman in Span, using the Rand method. Allegologia of Immunostationical, 43(2), 14(1-15). Rus Carelo-Cacres, J. Again-Linners, N., Sándrac-Daz, J. M., Garcio-Gestoo, M. L., de Jam-Revoulle, M. E., & Phrenos-Ciespo, M. (2015). Indications for childhood ashman in Spain, using the Rand method. Allegologia of Immunostationical, 43(1), 14(1-15).
19	470	Asthma: Alternative prescription is adequate	Process	Chronic	Treatment	Effective	R - Respiratory	Asthma: Alternative prescription is adequate	Ruiz-Canela-Cáceres, J., Aquino-Linares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., do Jaime-Revuella, M. E., & Pinena-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et
19	471	Asthma: first choice indicates inhaled corticoids (correct prescription) for	Process	Chronic	Treatment	Effective	R - Respiratory	Asthma: first choice indicates inhaled corticoids (correctorescription) for childhood asthma	
	472	childhood asthma		Chronic	Treatment	Safe	R - Respiratory	Asthma: Number of Inhaled controlled spaces in one year	Rúz Carela-Cicores, J., Agáro-Linares, N., Sánchez-Daz, J. M., Garcia-Gestoso, M. L., do Jame-Revoulla, M. E., & Praesso-Despo, M. (2015). Indicators for childhood softma in Spain, using the Rand method. Allegologia et immorphologia, 43(2), 1471–150.
19		Asthma: Number of inhaled corticoid dosages in one year	Process	Chronic			R - Respiratory	Asthma: Number of inhaled corticoiddosages in one year	Immunopathology, 4, 242, 147–158.
19	473	Asthma: Number of school days missed in the past four weeks	Outcome	Chronic	Follow up and continuity	Patient- centered	R - Respiratory	Asthma: Number of school days missed in the past four weeks	Ruz-Caneia-Caceres, J., Aguno-Linares, N., Sanchez-Diaz, J. M., Garcia-Gestoso, M. L., & Fraena-Crespo, M. (2016). Indicators for chidnoid assima in Spain, using the Rand memod. Alergologia et Immunopathologia. 43(2): 147—156.
19	474	Asthma: Patient undergoing continuous basic treatment with four or more	Outcome	Chronic	Treatment	Effective	R - Respiratory	Asthma: Patient undergoing continuous basic treatment with four or more visits per year	Ruiz-Canela-Cáceres, J., Aquino-Llinares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., de Jaime-Revuelta, M. E., & Praena-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et
19	475	visits per year Asthma: Patient with two or more rounds of corticoids due to an attack in three	Outcome	Chronic	Treatment	Safe	R - Respiratory	Asthma: Patient with two or more rounds of corticoids due to an attack in three months and with no prescribed basic treatment	Immunopathoday, 4)(2), 147-159. Rub Canela-Cáceres, J., Aprino-Linares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., do Jaime-Revendes, M. E., & Pacena-Crespo, M. (2015), Indicators for châdrood asthma in Spain, using the Rand method. Alengologia et immunosal/bodisk. 4)(2), 147-159.
		months and with no prescribed basic treatment			Screening and	Patient-		· · · · · · · · · · · · · · · · · · ·	Immunocatholosis, 43/22, 147-156. Ruiz-Canela-Cáceres, J. Asuino-Llinares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L. de Jaimen-Revealta, M. E. & Parena-Cresso, M. (2015). Indicators for childhood asthma in Soain, usino the Rand method. Alteroplosia et
19	476	Asthma: Percentage of children assessed for day-time/right-time symptoms	Process	Chronic	prevention	centered	R - Respiratory	Asthma: Percentage of children assessed for day-time/night-time symptoms	100 A 17 A
19	477	Asthma: Percentage of children assessed for treatment, with check-ups in less than three weeks	Process	Chronic	Screening and prevention	Effective	R - Respiratory	Asthma: Percentage of children assessed for treatment, with check-ups in less than three weeks	Ruiz-Canela-Cáceres, J., Aquino-Linares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., da Jaim-Revenda, M. E., Branna-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et Immunopathologia, 43/21, 147–156.
19	478	Asthma: Percentage of children visiting a specialist due to moderate-severe	Outcome	Chronic	Follow up and continuity	Effective	R - Respiratory	Asthma: Percentage of children visiting aspecialist due to moderate- severe asthma (one year)	Ruiz-Canela-Cáceres, J., Aquino-Linares, N., Sánchez-Díaz, J. M., Garcia-Gestoso, M. L., do Jaime-Revuelta, M. E., & Parento-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allengologia et Immunopathologia, 42(2), e174-8.
19	479	asthma (one year) Asthma: Percentage of children with auscultation in crisis	Process	Chronic	Follow up and continuity	Effective	R - Respiratory	Asthma: Percentage of children with auscultation in crisis	Buitz-Capeta, Cáceres J., Aruino J. linares, N., Sánchez-Diaz, J. M., García, Gestoso, M. L. de Jaime-Revuelta, M. F., & Praena, Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allemplogia et
		Ashma: Percentage of children with follow-up from the same doctor for at	_	_	continuity Follow up and	-			Immunopathologia, 43(2), 147-156. Ruiz-Canela-Cáceres, J., Aguino-Linares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., de Jaime-Revuelta, M. E., & Praena-Crespo, M. (2015). Indicators for childhood astrima in Spain, using the Rand method. Allergologia et
19	480	least 80% of their visits	Process	Chronic	continuity	Effective	R - Respiratory	Asthma: Percentage of children with follow-up from the same doctor for at least 80% of their visits	Immunopathologia 43/2) 147–156
19	481	Asthma: Percentage of children with moderately severe asthma, with personal improvement score	Outcome	Chronic	Follow up and continuity	Effective	R - Respiratory	Asthma: Percentage of children with moderately severe asthma, with personal improvement score	Ruiz-Canela-Cácores, J., Aquino-Llinares, N., Sánchez-Diaz, J. M., García-Gestoso, M. L., de Jaims-Revuelta, M. F. B., 2(2), 147–147. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et Immunopatholic and
19	482	Asthma: Percentage of children with one visit per year	Process	Chronic	Follow up and continuity	Effective	R - Respiratory	Asthma: Percentage of children with one visit to GP per year	Raus-Cardes-Ciscres, J., Agains-Cardes, J. M., Cardio-Cerosco, M. L., de Jaine-Crosso, M. L., de Jaine-Revoule, M. E., & Paress-Despo, M. (2015). Indicators for childred authrea in Spain, using the Rand method. Allengologia et Immorphologia, 43(2), 47(1-56).
19	483	Asthma: Percentage of children with two established visits and active asthma	Process	Chronic	Follow up and	Effective	R - Respiratory	Asthma: Percentage of children with two established visits and active asthma	Ruiz-Caneta-Cáceres, J., Aquino-Linares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., de Jaime-Revuelta, M. E., & Praena-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et
	484	Asthma: Percentage of children with peak flow usage and self-management		Chronic	continuity Followup and	Effective		· · · · · · · · · · · · · · · · · · ·	Ruiz-Canels-Cáceres, J., Aguino-Linares, N., Sánchez-Diaz, J. M., García-Gestoso, M. L., de Jaime-Revuela, M. E., & Praena-Crespo, M. (2015). Indicators for childhood as firms in Spain, using the Rand method. Altergologia et
19		frequency	Process	Chronic	Follow up and continuity		R - Respiratory	Asthma: Percentage of children with peak flow usage and self-management frequency	Immunopathologia, 43(2), 147-156. Ruiz-Canela-Cáceres, J., Aguino-Linares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., de Jaime-Revuelta, M. E., & Praena-Crespo, M. (2015). Indicators for childhood astrima in Spain, using the Rand method. Allergologia et
19	485	Asthma: Percentage of moderate-severe with fluvaccine the previous year	Process	Chronic	Follow up and continuity	Effective	R - Respiratory	Asthma: Percentage of patients with moderate-severe asthma and fluvaccine the previous year	Immunorathologia 43/2) 447-466
19	486	Asthma: Percentage of patients diagnosed with asthma using FT, spirometry ormethacholine or exercise	Process	Chronic	Follow up and	Effective	R - Respiratory	Asthma: Percentage of patients diagnosed with asthma using FT, spirometry ormethacholine or exercise	Ruiz-Canela-Cáceres, J., Aquino-Linares, N., Sánchez-Diaz, J. M., Garcia-Gestoso, M. L., de Jaim-Gaerboela, M. E., de Jaim
19	487	Asthma: Percentage of patients indicating their exposure to tobacco smoke	Process	Chronic	continuity Follow up and	Patient-	R - Respiratory	Asthma: Percentage of patients indicating their exposure to tobacco smoke	Rusz-Canela-Caceres, J., Aguno-Linares, N., Sánchez-Diaz, J. M., Garcia-Gestoso, M. L. de Jaime-Revuelba, M. E., & Praena-Cirespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et Immunopathologia, 49(2), L147-6. Ruiz-Canela-Cáceres, J., Aquino-Linares, N., Sánchez-Diaz, J. M., Garcia-Gestoso, M. L., de Jaime-Revuelba, M. E., & Praena-Cirespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et Immunopathologia, 49(2), L147-6.
			_	_	continuity Follow up and	centered			Immunopathologia, 43(2), 147–156.
19	488	Asthma: Percentage of patients tested for allergies	Process	Chronic	continuity	Effective	R - Respiratory	Asthma: Percentage of patients tested for allergies	Rais Careles Classes, J., Agains-Lineses, N., Sanchez-Daz, J.M., Caralo-Gestoon, M. L., de Jame-Revoulus, M. E., & Phenes-Crespo, M. (2015). Indicators for childrood ashma in Span, using the Plant method. Allegoploga et Immicroathridola, 43(2), 147-156. Rais Careles Classes, J., Agains-Lineses, N., Sanchez-Daz, J. M., Caralo-Gestoon, M. L., and J. M. (2015). Indicators for childrood ashma in Span, using the Plant method. Allegoploga et Immicroathridola, 43(2), 147-156. Rais Careles Classes, J., Agains-Lineses, N., Sanchez-Daz, J. M., Caralo-Gestoon, M. L. and J. M. (2015). Indicators for childrood ashma in Span, using the Rain method. Allegoploga et Immicroathridola, 43(2), 147-156.
19	489	Asthma: Percentage of patients with self-management objectives in 12 months	Process	Chronic	Follow up and continuity	Patient- centered	R - Respiratory	Asthma: Percentage of patients with self-management objectives in 12 months	кизъ-цапева-Laceres, "г., Aquino-Lanares, м., Sancnez-Diaz, J. M., Garcia-Gestoso, М. L., de Jaime-Revuella, М. E., & Praena-Crespo, M. (2015). Indicators for childhood as firma in Spain, using the Rand method. Allergologia et Immunopathologia, 21, 147–156.
19	490	Asthma: Routine Care Provider	Process	Chronic	Follow up and continuity	Patient- centered	R - Respiratory	Asthma: Routine Care Provider	Immunorathologia 43/2) 447-466
19	491	Asthma: Scirometry in the past 12 months indicated in medical records	Process	Chronic	Follow up and	Efficient	R - Respiratory	Asthma: Spirometry in the past 12 monthsindicated in medical records	
		' ' '			continuity Follow up and				RUID-Lames-Laceres, J., Aguino-Linares, N., Sancier-Lusz, J. M., Garcia-Gestoso, M. L., ob Jame-Revuesa, M. E., a Praena-Crespo, M. (2/15). Indicators for chiamoda astrma in Spain, using the Rand method. Alergologia et Immunopathologia, 4(32), 147-155. Ruiz-Canela-Cáceres, J., Aguino-Linares, N., Sánchez-Diaz, J. M., García-Gestos, M. L., de Jaime-Revuela, M. E., & Praena-Crespo, M. (2015). Indicators for childhood astrma in Spain, using the Rand method. Alergologia et al., 1999.
19	492	Asthma: Technical inhaler verification for childhood asthma	Process	Chronic	continuity	Effective	R - Respiratory	Asthma: Technical inhaler verification for childhood asthma	Ruz-Careta-Catores, J., Aquino-Linares, N., Sanchez-Diaz, J. M., Carcia-Gestoso, M. L., de Jaime-Revotes, M. E., & Prens-Cresco, M. (2015), Indicators for childhood astrina in Spain, using the Raint method. Alergologia et immunopathologia, 43(2), 147–156. Ruiz-Caneta-Cácores, J., Aquino-Linares, N., Sánchez-Diaz, J. M., Carcia-Gestoso, M. L., de Jaime-Revotes, M. E., & Prens-Cresco, M. (2015), Indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method. Alergologia et al., (2015), indicators for childhood astrina in Spain, using the Raint method.
19	493	Asthma: Theophylline and crisis	Process	Chronic	Treatment	Safe	R - Respiratory	Asthma: Theophyline and crisis	кизъ-цапева-Laceres, "г., Aquino-Lanares, м., Sancnez-Diaz, J. M., Garcia-Gestoso, М. L., de Jaime-Revuella, М. E., & Praena-Crespo, M. (2015). Indicators for childhood as firma in Spain, using the Rand method. Allergologia et Immunopathologia, 21, 147–156.
19	494	Asthma: Undergoing high dosage treatment and growth not verified at least	Process	Chronic	Treatment	Safe	R - Respiratory	Asthma: Undergoing high dosage treatment and growth not verifiedat least once a year	Rub-Carela-Ciceres, J., Again-Lihares, N., Sánchez-Diaz, J. M., García-Gestoo, M. L., do Jaine-Revolle, M. E., & Piersea-Ciceres, J. (2015). Indicators for childhood ast-main Spain, using the Rand method. Allergologia et immorphishipola, 2017. 147–156.
19	495	once a year Asthma: Usage of beta2 on demand and not used in basic treatment	Process	Chronic	Treatment	Safe	R - Respiratory	Asthma: Usage of beta2 on demand andnot used in basic treatment	
									Bizis Carela Cárens, J. Antino linares, N. Sánchez-Daz J. M. Garria-Gestron M. J. de Jaims-Revealth M. F. A. Harmaches M. Carela Cárens, J. Antino linares, N. Sánchez-Daz J. M. Garria-Gestron M. J. de Jaims-Revealth M. F. A. Harmaches M. E. Harmaches M. E. A. Harmaches M. E. Harmaches M. E. A. Harmaches M. Harmaches M. E. A. Harmaches M.
19	496	Asthma: Use of anti-asthma products-inhalers or oral for childhood asthma	Process	Chronic	Treatment	Safe	R - Respiratory	Asthma: Use of anti-asthma products-inhalers or oral for childhood asthma	Ruiz-Carela-Caceres, J., Aquino-Linares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., do Jame-Revueb, M. E., & Pinena-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et Immunopathologia, 43(2), 147–156.
19	497	Asthma: Use of oral corticolds if FEV1 isless than 70% following crisis	Process	Chronic	Treatment	Safe	R - Respiratory	Asthma: Use of oral corticoids if FEV1 isless than 70% following crisis	Ruiz-Canela-Cáceres, J., Aquino-Linares, N., Sánchez-Díaz, J. M., Garcia-Gestoso, M. L., de Jaime-Revuelta, M. E., & Praena-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et Immunopathologis, 2(2), 147–156.
19	498	Asthma: Uses spacer chamber for childhood asthma	Process	Chronic	Treatment	Effective	R - Respiratory	Asthma: Uses spacer chamber for childhood asthma	Ruiz-Canela-Cáceres, J., Aquino-Llinares, N., Sánchez-Díaz, J. M., García-Gestoso, M. L., de Jaime-Revuelta, M. E., & Praena-Crespo, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et
19	499	Asthma: Using trial continuous oral corticoids inhaled at high dosage	Process	Chronic	Treatment	Safe	R - Respiratory	Asthma: Using trial continuous oral corticoids inhaled at high dosage	Immunopathodas, 44(2), 147–156. Ruiz Carela-Cicores, J., Aguino-Linares, N., Sánchez-Diaz, J. M., García-Gestoso, M. L. de Jaime-Roestos, M. E. & Praesa-Cicreso, M. (2015). Indicators for childhood asthma in Spain, using the Rand method. Allergologia et immunopathodas, 44(2), 147–156.
				-		Safe Patient-			Immunopathologia, 43(2), 147–156.
20	500	Chronic Kidney Disease: Adherence to treatment	Process	Chronic	Treatment	Patient- centered	U - Urological	Chronic Kidney Disease: Adherence to treatment	Smis, K. P. J., Sigorenkov, G., Bio, H. J. G., Bouma, M., Navis, G. J., & Deng, P. (2016). Process quality indicators for cirronic kidney disease risk management: a systematic iterature review. International Journal of Clinical Practice,
20	501	Chronic Kidney Disease: Inappropriate dosages	Process	Chronic	Treatment	Safe	U - Urological	Chronic Kidney Disease: Inappropriate dosages	First, K. P. J., Sidorenkov, G., Blo, H. J. G., Bouma, M., Navis, G. J., & Denig, P. (2016). Process quality inclinators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice, 70(10), 861–869.
20	502	Chronic Kidney Disease: Inappropriate drups	Process	Chronic	Treatment	Safe	U - Urological	Chronic Kidney Disease: Inappropriate drups	
				_				7 7 7	Smits, K. P. J., Sidorenkov, G., Blo, H. J. G., Bouma, M., Navis, G. J., & Denig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice,
20	503	Chronic Kidney Disease: Monitoring of anaemia	Process	Chronic	Follow up and continuity	Effective	U - Urological	Chronic Kidney Disease: Monitoring of anaemia	70(10), 861–869.
20	504	Chronic Kidney Disease: Monitoring of Blood pressure	Process	Chronic	Follow up and continuity	Effective	U - Urological	Chronic Kidney Disease: Monitoring of Blood pressure	Smits, K. P. J., Sidorenkov, G., Bilo, H. J. G., Bouma, M., Navis, G. J., & Derrig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice, 701 (10). 64-959.
20	505	Chronic Kidney Disease: Monitoring of body composition	Process	Chronic	Follow up and	Effective	U - Urological	Chronic Kidney Disease: Monitoring of body composition	Smits, K. P. J., Sidorenkov, G., Bilo, H. J. G., Bouma, M., Navis, G. J., & Derrig, P. (2016). Process qualty indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice, 70(10), 861–869.
20	506	Chronic Kidney Disease: Monitoring of diet	Process	Chronic	Follow up and	Effective	U - Urological	Chronic Kidney Disease: Monitoring of diet	Smits, K. P. J., Sidorenkov, G., Bilo, H. J. G., Bouma, M., Navis, G. J., & Denig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice,
				_	continuity Follow up and				Smits, K. P. J., Sidorenkov, G., Bio, H. J. G., Bouma, M. Navis, G. J. & Denio, P. (2016). Process quality indicators for or bronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice.
20	507	Chronic Kidney Disease: Monitoring of HbA1c	Process	Chronic	continuity	Effective	U - Urological	Chronic Kidney Disease: Monitoring of HbA1c	
20	508	Chronic Kidney Disease: Monitoring of kidney function	Process	Chronic	Follow up and continuity	Effective	U - Urological	Chronic Kidney Disease: Monitoring of kidney function	Smits, K. P. J., Sidorenkov, G., Blo, H. J. G., Bouma, M., Navis, G. J., & Denig, P. (2016). Process qually indicators for cromic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice, 70(10), 861–869.
20	509	Chronic Kidney Disease: Monitoring of lipid levels	Process	Chronic	Follow up and	Effective	U - Urological	Chronic Kidney Disease: Monitoring of lipid levels	Smits, K. P. J., Sidorenkov, G., Bio, H. J. G., Bouma, M., Navis, G. J., & Denig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice,
20	510	Chronic Kidney Disease: Monitoring of mineral and bone disorder	Process	Chronic	continuity Follow up and	Effective	U - Urological	Chronic Kidney Disease: Monitoring of mineral and bone disorder	70/10, 881-889. Smils, K. P. J., Sidorenkov, G., Blio, H. J. G., Bourna, M., Navis, G. J., & Denig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice, 10(10), 881-869.
		Chronic Kidney Disease: Monitoring of mineral and bone disorder Chronic Kidney Disease: Monitoring of plasma C-reactive			continuity Follow up and				70(10), 861–869. Smits, K. P. J., Sidorenkov, G., Blo, H. J. G., Bouma, M., Navis, G. J., & Denig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic iterature review. International Journal of Clinical Practice,
20	511	Chronic Kidney Disease: Monitoring of plasma C-reactive protein/homocysteine	Process	Chronic	Follow up and continuity	Effective	U - Urological	Chronic Kidney Disease: Monitoring of plasma C-reactive protein/homocysteine	Smits, K. P. J., Sidorenkov, G., Bio, H. J. G., Bouma, M., Navis, G. J., & Deng, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic illerature review. International Journal of Clinical Practice, 70(10), 861–861.

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Value Continue C	20	512	Chronic Kidney Disease: Referrals to Nephrologist	Process	Chronic	Follow up and continuity	Effective	U - Urological	Chronic Kidney Disease: Referrals to Nephrologist	Smits, K. P. J., Sidorenkov, G., Bio, H. J. G., Bourna, M., Navis, G. J., & Derig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice, 70(10), 861–869.
Value Continue C	20	513	Chronic Kidney Disease: Referrals to other specialities	Process	Chronic	Follow up and continuity	Effective	U - Urological	Chronic Kidney Disease: Referrals to other specialities	Smits, K. P. J., Sidorenkov, G., Blo, H. J. G., Bouma, M., Navis, G. J., & Derig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice, 70(10). 851–869.
1	20	514	Chronic Kidney Disease: Treatment of anaemia	Process	Chronic		Safe	U - Urological	Chronic Kidney Disease: Treatment of anaemia	Smits, K. P. J., Sidorenkov, G., Bilo, H. J. G., Bouma, M., Navis, G. J., & Derrig, P. (2016). Process quality indicators for chronic kindey disease risk management: a systematic literature review. International Journal of Clinical Practice, 70(15), 861–862.
1	20	515	Chronic Kidney Disease: Treatment of mineral hone disease	Process	Chronic	Treatment	Safe	U - Urological	Chronic Kidney Disease: Treatment of mineral hone disease	Smits, K. P. J., Sidorenkov, G., Bío, H. J. G., Bouma, M., Navis, G. J., & Derig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice,
		F.10	Chronic Kidney Disease: Use of angiotensin-converting-enzyme inhibitor or	Description	Chamin	Tourisment	Citanton		Change Widow Change I and an internal committee or make the change in th	Smits, K. P. J., Sidorenkov, G., Bilo, H. J. G., Bouma, M., Navis, G. J., & Denig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice,
			angiotensin II receptor blockers	_	-					
1	20	517	Chronic Kidney Disease: Use of aspirin	Process	Chronic	Treatment	Effective	U - Urological	Chronic Kidney Disease: Use of aspirin	
1	20	518	Chronic Kidney Disease: Use of glucose lowering drugs	Process	Chronic	Treatment	Effective	U - Urological	Chronic Kidney Disease: Use of glucose lowering drugs	Smits, K. P. J., Sidorenkov, G., Blio, H. J. G., Bouma, M., Navis, G. J., & Denig, P. (2016). Process qually indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice, 701 (10). 649.9.
1	20	519	Chronic Kidney Disease: Use of lipid lowering drugs	Process	Chronic	Treatment	Effective	U - Urological	Chronic Kidney Disease: Use of lipid lowering drugs	
No. 1	20	520	Chronic Kidney Disease: Use of Non-steroid anti-inflammation drugs	Drocess	Chronic	Trantment	Safa	II - Urological	Chonnic Kidney Diseases: Use of Non-eternid anti-inflammatory druns	Smits, K. P. J., Sidorenkov, G., Blio, H. J. G., Bouma, M., Navis, G. J., & Denig, P. (2016). Process quality indicators for chronic kidney disease risk management: a systematic literature review. International Journal of Clinical Practice,
Part				_			_	-		70(10), 861–869.
Page				Process	Chronic		Effective		* * * * * * * * * * * * * * * * * * * *	70(10), 861–869.
1	21	522	Systemic Lupus Erythematosus: Adequate treatment of proliferative nephritis	Process	Chronic	Treatment	Effective	L - Musculoskeletal	Systemic Lupus Erythematosus: Adequate treatment of proliferative nephritis	Yazdarny, J., Panopalis, P., Gillis, J. Z., Schmajsk, G., MacLean, C. H., Wofsy, D. (2009). A quality indicator set for systemic lupus erythematosus. Arthritis & Rheumatism, 61(3), 370–377.
No. Control	21	523	Systemic Lupus Erythematosus: Analytical control after initiating a new drug	Process	Chronic	Treatment	Safe	L - Musculoskeletal	Systemic Lupus Erythematosus: Analytical control after initiating a new drug	Yazdary, J., Panopalis, P., Gillis, J. Z., Schmajuk, G., MacLean, C. H., Wofsy, D. (2009). A quality indicator set for systemic lupus erythematosus. Arthritis & Rheumatism, 61(3), 370–377.
Page	21	524	Systemic Lupus Erythematosus: Analytical follow-up	Process	Chronic		Effective	L - Musculoskeletal	Systemic Lupus Erythematosus: Analytical follow-up	Yazdarny, J., Panopalis, P., Gilis, J. Z., Schmajuk, G., MacLean, C. H., Wofsy, D. (2009). A quality indicator set for systemic lupus erythematosus. Arthritis & Rheumatism, 61(3), 370–377.
No. 1	21	525		Process	Chronic	Follow up and	Effective	L - Musquinskeletal	Systemic Lypus Frythematosus: Analytical study in nationis with renal disease activity	Yardaru J. Panonalis, P. Gills, J. Z. Schmalak G. Maci ean C. H. Wofsey D. (2009). A quality indicator set for systemic large englematorus. Arthritis & Rheumatism 61(3): 370-377
No. 1				_		Screening and				
Part										
Part	21	527	under corticosteroid therapy	Process	Chronic	prevention	Safe	L - Musculoskeletal	Systemic Lupus Erythematosus: Bone mineral density testing in patients under corticosteroid therapy	Yazdarıy, J., Panopals, P., Gillis, J. Z., Schmajuk, G., MacLean, C. H., Wofsy, D. (2009). A quality indicator set for systemic lupus enythematosus. Arthritis & Rheumatism, 61(3), 370–377.
1	21	528	Systemic Lupus Erythematosus: Calcium and vitamin D in patients under corticosteroid therapy	Process	Chronic	Treatment	Safe	L - Musculoskeletal	Systemic Lupus Erythematosus: Calcium and vitamin D in patients under corticosteroid therapy	Yazdary, J., Panopalis, P., Gilis, J. Z., Schmajuk, G., MacLean, C. H., Wofsy, D. (2009). A quality indicator set for systemic lupus erythematosus. Arthritis & Rheumatism, 61(3), 370–377.
1. 1. 1. 1. 1. 1. 1. 1.	21	529	Systemic Lupus Erythematosus: Control of hypertension in patients with renal	Process	Chronic	Follow up and	Safe	L - Musculoskeletal	Systemic Lupus Erythematosus: Control of hypertension in patients with renal impairment	Yazdany, J., Panopalis, P., Gills, J. Z., Schmajuk, G., MacLean, C. H., Wofsy, D. (2009). A quality indicator set for systemic lupus erythematosus. Arthritis & Rheumatism, 61(3), 370–377.
No. 1			Systemic Lupus Erythematosus: Diagnosis and analytic study							
No. Section	21	531		Process	Chronic	Screening and prevention	Safe	L - Musculoskeletal	Systemic Lupus Erythematosus: Discussion about teratogenic risks of medication	
No. 10	21	532	Systemic Lupus Erythematosus: Discussion of risks and benefits of	Process	Chronic	Screening and	Safe	L - Musculoskeletal	Systemic Lupus Erythematosus: Discussion of risks and benefits of medication	Yazdany, J., Panopals, P., Gills, J. Z., Schmajuk, G., MacLean, C. H., Wofsy, D. (2009). A quality indicator set for systemic lupus erythematosus. Arthritis & Rheumatism. 61(3). 370–377.
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10 10 10 10 10 10 10 10		537		Process	Chronic	prevention	Safe	L - Musculoskeletal	Systemic Lupus Erythematosus: Pneumococcal vaccination in immossupressed patients	Yazdany, J., Panopalis, P., Gillis, J. Z., Schmajuk, G., MacLean, C. H., Wofsy, D. (2009). A quality indicator set for systemic lupus erythematosus. Arthritis & Rheumatism, 61(3), 370–377.
1	21	538		Process	Chronic	Screening and	Safe	L - Musculoskeletal	Systemic Lupus Erythematosus: Prevention of pregnancy complications	Yazdany, J., Panopalis, P., Gills, J. Z., Schmajuk, G., MacLean, C. H., Wofsy, D. (2009). A quality indicator set for systemic lupus erythematosus. Arthritis & Rheumatism, 61(3), 370–377.
1	21	539	Systemic Lupus Erythematosus: Steroid sparing	Process	Chronic	Screening and	Effective	L - Musculoskeletal	Systemic Lupus Erythematosus: Steroid sparing	Yazdary, J., Panopalis, P., Gills, J. Z., Schmajuk, G., MacLean, C. H., Wofsy, D. (2009). A quality indicator set for systemic lupus erythematosus. Arthritis & Rheumatism, 61(3), 370–377.
1	24	540	Systemic Lupus Erythematosus: Treatment of osteoporosis in patients under	Drocess	Chronic		Effective	L - Musculoskeletal	Sustamic Lunus Enthermotorus: Treatment of asternoscopic in national under continuataroid thereov	Vavday Decorate D. Gille 1.7. Schmidt G. Med ann C. H. Wofey D. (2000) A multi-indicator set for outstands have anothermotory. Artholic S. Decorate B. (3), 170, 177
1			corticosteroid therapy	_						
Mary			inhibitor or analotensin II receptor blockers in patients with proteinuria	_						7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
10 10 10 10 10 10 10 10	24	542	Patients with chronic kidney disease in PHC	Outcome	Chronic	Al	centered	U - Urological	Patients with chronic kidney disease in PHC	Fujita, K., Moles, R. J., & Chen, T. F. (2018). Quality indicators for responsible use of medicines: a systematic review. BMJ Open, 8(7), e020437.
	24	543	General practice for vulnerable elders	Process	Chronic	All		A - General and unspecified	General practice for vulnerable elders	Fujita, K., Moles, R. J., & Chen, T. F. (2018). Quality indicators for responsible use of medicines: a systematic review. BMJ Open, 8(7), e020437.
1	25	544	Quality of Life in patients with urinary Incontinence	Outcome	Chronic	Follow up and	Patient-	U - Urological	Quality of Life in patients with uninary Incontinence	Chin WY, Lam CL, Lo SV. Quality of care of nurso-led and allied health personnel-led primary care clinics. Hong Kong medical journal = Xlanggang yi xue za zhi. 2011;17(3):217-30.
Part	25			a	Chronic	Follow up and		0.04-	Manual area district	
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Str. Control	27				_		_	T - Endocrine/Metabolic and		
Part	27				_	Follow up and	_	T - Endocrine/Metabolic and	Register of diabetic patients under General Practice follow-up	Che WY, Lam CL, Lo SV, Quality of care of narse-bed and alled health personnels-deep primary care circiss. Hong Kong medical journal = Xanggaing yi xue zs zi x. 2011;17(2):217-33. Lale, R., Georgiou, A, Li, Li, Li, L., Byme, M., Robinson, M., & Westbrook, J. I. (2017). The quality, safety and generation of the primary and advice services – an overview of evidence from systematic reviews. BMC Health Services Research, 17(1).
Part		546	Register of diabetic patients under General Practice follow-up	Process	Chronic	Follow up and continuity Follow up and	Effective	T - Endocrine/Metabolic and Nutritional T - Endocrine/Metabolic and	Register of diabetic patients under General Practice follow-up Biood glucose done, HbA1c done, creatinine done, cholesterol done, urine analysis done, blood pressure done, foot examination done, full eye examination done,	Lale, R., Georgiou, A., Li, J., Li, L., Byrne, M., Robinson, M., & Westbrook, J. I. (2017). The quality, safety and governance of telephone bilage and advice services – an overview of evidence from systematic reviews. BMC Health Services Research, 17(1).
1.		546	Register of diabetic patients under General Practice follow-up	Process	Chronic	Follow up and continuity Follow up and	Effective	T - Endocrine/Metabolic and Nutritional T - Endocrine/Metabolic and Nutritional	Register of databetic patients under General Practice follow-up Blood glucose done, 19-Mr. done, creatives done, chestered done, utre analysis done, Blood pressure done, for examination done, fall eye examinat	Lake, R., Georgiou, A., Li, J., Li, L., Byme, M., Robinson, M., & Westbrook, J. I. (2017). The quality, safety and governance of leidsprone biage and advice services – an overview of evidence from systematic reviews. BMC Health Services Research, 17(1). Sidcrenicor, G., Haajler-Ruskamp, F. M., de Zeeuw, D., Bio, H., & Denig, P. (2011). Review: Relation Between Outlay-Octor Indications for Diabetes and Patient Outcomers: A Systematic Literature Review. Medical Care Research and Review, 68(3), 363–389.
1	28	546 547	Register of diabetic patients under General Practice follow-up Composite measures for DM	Process	Chronic	Follow up and continuity Follow up and continuity	Effective Effective	T - Endocrine/Metabolic and Nutritional T - Endocrine/Metabolic and Nutritional T - Endocrine/Metabolic and	Register of databetic patients under General Practice followup Biold glacces done, 1961 f. done, creative done, chesteriot done, unter acalysis done, blood pressure done, ficet examination done, full op examination done, sensing instary records, designit done, (Socies of Al-Orange scale) for examination (FIA orange scale) for sensing instary records designit done, (Socies of Al-Orange scale) for sensing infel (6 orange scale) for s	Lake, R., Georgiou, A., Li, J., Li, Eyme, M., Robrison, M., & Westbrook, J. I. (2017). The quality, safety and generators of histophone bridge and advice services – an overview of evidence from systematic reviews. BMC Health Services Research, 1170. Sidovenior, G., Haaiger-Raskamp, F. M., de Zeeuw, D., Blb, H., & Denig, P. (2011). Review Relation Behaves (Duality of Care Indicators for Diabetes and Patient Outcomes: A Systematic Literature Review. Medical Care Research and Review. (6(5), 380–328). Sidovenior, G., Haaiger-Raskamp, F. M., de Zeeuw, D., Blb, H., & Denig, P. (2011). Review: Relation Behaves (10), 380–328.
1	28	546 547 548	Register of diabetic patients under General Practice follow-up Composite measures for DM Patients receiving aspirin and/or staffs treatment when eligible	Process Process	Chronic Chronic	Follow up and continuity Follow up and continuity Treatment	Effective Effective	T - Endocrine/Metabolic and Nutritional T - Endocrine/Metabolic and Nutritional T - Endocrine/Metabolic and Nutritional T - Endocrine/Metabolic and T - Endocrine/Metabolic and	Register of dathetic patients under General Practice followup Biold glacces date. 1961; done, creative dere, cheleriori den, unter under General Practice followup sensing flatory recorde, legist or dere de la lange case place sensing flatory recorde, legist des proteins, place or general place (or general place) (a for place), place place place place (a for place), place place place (a for place), place p	Lake, R., Georgiou, A., Li, J., L., L., Byme, M., Robrison, M., & Westbrook, J. I. (2017). The quality, safety and governmence of telephone bridge and advice services – an overview of evidence from systematic reviews. BMC Health Services Research, 17(1). Sidovenior, G., Haaijer-Ruskamp, F. M., de Zeeuw, D., Blo, H., & Denig, P. (2011). Review Relation Between Quality-Of-Qie Indicators for Diabetes and Patient Outcomer: A Systematic Literature Review. Medical Care Research and Review. 6(3), 355–259. Sidovenior, G., Haaijer-Ruskamp, F. M., de Zeeuw, D., Blo, H., & Denig, P. (2011). Review Relation Between Outlandy-of-Literature Review. Medical Care Research and Review. 6(3), 325–259. Sidovenior, G., Haaijer-Ruskamp, F. M., de Zeeuw, D., Blo, H., & Denig, P. (2011). Review Relation Search and Review. 6(3), 325–329. Sidovenior, G., Haaijer-Ruskamp, F. M., de Zeeuw, D., Blo, H., & Denig, P. (2011). Review Relation Search and Review. 6(3), 325–329.
Sum Court	28 28 28	546 547 548 549	Register of dasbetic patients under General Practice follow-up Composite measures for DM Patients receiving aspirin and/or stalln treatment when eligible Number of medication changes for DM	Process Process Process	Chronic Chronic Chronic	Follow up and continuity Follow up and continuity Treatment Treatment	Effective Effective Effective Safe	T - Endocrine/Metabolic and Nutritional	Register of dateder petients under General Practice follow-up Blood glucose done, 19-Mc done, creative done, choiseared done, utre analysis done, Bood pressure done, foot examination done, fall eye examination	Lake, R., Georgiou, A., Li, J., U., Elyme, M., Robrison, M. & Westbrook, J. I. (2017). The quality, sudely and generative bridge and advice services – an overview of evidence from systematic reviews. (MIC Health Services Research, 1714). Sidovenior, G., Haaliyn-Ruskamp, F. M., de Zenou, D., Blo, H., & Denig, P. (2011). Review Relation Behaven Quality of Care Indicators for Diabetes and Patient Outcomer: A Systematic Literature Review. Medical Care Research and Review. (ASI), 483–429. Sidovenior, G., Haaliyn-Ruskamp, F. M., de Zenou, D., Blo, H., & Denig, P. (2011). Review Relation Behaven Quality of Care Indicators for Diabetes and Patient Outcomer: A Systematic Literature Review. Medical Care Research and Review. (683), 283–289. Sidovenior, G., Haaliyn-Ruskamp, F. M., de Zenou, D., Blo, H., & Denig, P. (2011). Review Relation Behaven Quality of Care Indicators for Diabetes and Patient Outcomer: A Systematic Literature Review. Medical Care Research and Review. (683), 283–289. Sidovenior, G., Haaliyn-Ruskamp, F. M., de Zenou, D., Blo, H., & Denig, P. (2011). Review Revision Behaven Quality of Care Indicators for Diabetes and Patient Outcomer: A Systematic Literature Review. Medical Care Research and Review. (683), 283–289.
Secondary Process Pr	28 28 28	546 547 548 549	Register of dasbetic patients under General Practice follow-up Composite measures for DM Patients receiving aspirin and/or stalln treatment when eligible Number of medication changes for DM	Process Process Process	Chronic Chronic Chronic	Follow up and continuity Follow up and continuity Treatment Treatment Treatment	Effective Effective Effective Safe	T - Endocrine/Metabolic and Nutritional	Register of dabetic patients under General Practice follow-up Blood glacces done, 1964 to done, creatives done, cholestered done, universal period one, blood pressure done, foot examination done, foot exam	Lake, R., Georgiou, A., Li, J., U., I., Byrne, M., Robrison, M., & Westbrook, J. I. (2017). The quality, sufery and generative brings and advice services – an overview of evidence from systematic inviews. (BMC Health Services Research, 1714). Sidovenior, G., Haaijer-Ruskamp, F. M., de Zenow, D., Blo, H., & Denig, P. (2011). Review Relation Behaven Quality of Care Indicators for Diabetes and Patient Outcomer: A Systematic Literature Review. Medical Care Research and Review. (All), 485–428. Sidovenior, G., Haaijer-Ruskamp, F. M., de Zenow, D., Blo, H., & Denig, P. (2011). Review Relation Behaven Quality of Care Indicators for Diabetes and Patient Outcomer: A Systematic Literature Review. Medical Care Research and Review. (633), 285–289. Sidovenior, G., Haaijer-Ruskamp, F. M., de Zenow, D., Blo, H., & Denig, P. (2011). Review Relation Between Quality of Care Indicators for Diabetes and Patient Outcomer: A Systematic Literature Review. Medical Care Research and Review. (633), 285–289. Sidovenior, G., Haaijer-Ruskamp, F. M., de Zenow, D., Blo, H., & Denig, P. (2011). Review: Relation between output of Care Indicators for Diabetes and Patient Outcomers: A Systematic Literature Review. Medical Care Research and Sidovenior, G., Haaijer-Ruskamp, F. M., de Zenow, D., Blo, H., & Denig, P. (2011). Review: Relation between output of Care Indicators for Diabetes and Patient Outcomers: A Systematic Literature Review. Medical Care Research and Review. (2014).
1	28 28 28 28	546 547 548 549 550	Register of datestic patients under General Practice follow-up Composite measures for DM Patients receiving agains and/or staffs treatment when eligible Number of medication changes for DM Treatment internalization for DM	Process Process Process Process	Chronic Chronic Chronic Chronic	Follow up and continuity Follow up and continuity Treatment Treatment Treatment Treatment Screening and	Effective Effective Effective Safe All	T - Endocrine/Metabolic and Nutritional T - Endocrine/Metabolic and	Register of databetic politions under General Practice follow-up Blood glucose done, 19-Mc done, creativine done, choiselered done, utre analysis done, blood pressure done, foot examination done, full eye examination, full eye examination done, full eye examination done, full eye examination done, full eye examination, examination with a smaller medication within 3 months following an inflitted examination of proce control and full eye examination of proce control.	Lake, R., Georgiou, A., Li, J., Li, L., Byrne, M., Robriscon, M., & Westbrook, J. I. (2017). The quality, sufery and powerance of bissphoro triggs and advice services – an overview of evidence from systematic reviews. BMC Health Services Research, 117. Sidercerico, G., Haaijer-Ruskamp, F. M., de Zeruw, D. Bib. H., & Derig, P. (2011). Review: Relation behave no Chally of Care Indicators for Diabetes and Paleter Outcomes: A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of the Control of Care Indicators for Diabetes and Paleter Outcomes: A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of the Control of Care Indicators for Diabetes and Paleter Outcomes: A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of Care Indicators for Diabetes and Paleter Outcomes: A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of Care Indicators for Diabetes and Paleter Outcomes: A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of Care Indicators for Diabetes and Paleter Outcomes: A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of Care Indicators for Diabetes and Paleter Outcomes. A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of Care Indicators and Paleter Outcomes. A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of Care Indicators and Paleter Outcomes. A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of Care Indicators and Paleter Outcomes. A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of Care Indicators and Paleter Outcomes. A Systematic Literature Review. Medical Care Research and Reviews. (Mind Systematics). Proceedings of Care Indica
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									Blood pressure lowering in patients with diabetes reduces the risk of macrovascular and microvascular disease, the target of 150/90 mmHg has been set for those patients who cannot manage this, such as those with retinopathy, micro-
29	568	Percentage of patients with diabetes with blood pressure 150/90 mmHg or	Outcome	Chronic	Screening and	Effective	T - Endocrine/Metabolic and	The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months)is 150/90 mmHg or less	abunitario de conferencia de la conferencia del l
		less			prevention		Nutritional / K - Cardiovascular		Setting a blood pressure target at a higher level, but expecting most patients to have blood pressure below this, is intended to encourage practitioners to address the needs of the minority of patients whose blood pressure is hard to control and will avoid the possibility for pervense incentives to focus efforts away.
		Percentage of satients with distates with deconstated twempolability.		Chronic	Screening and				The fire surpt levels for HAA to (56, 62 and 75 mendinos) in OOF are designed to provide an incontine to improve glycamtric control accounts the distribution of HAA to calcum. The lower level may not be architecturable to appropriate for all patients. The 2009 NICE divising gludeline on the management of lyap 2 distributes acknown sparser para sing highly imminish management to levels before 46 mendinosis in certain patients of a groups. There is a mean linear relationship between glycameric control and death rate in patients with year 2 distributes. In the EPIC Norticils population control, a one per cent higher HAA to was independently associated with 28 per cent higher risk of data. However, the Autors to Control Cardiovascular Risk in Disablestes (ACCORD) into Impligating 64 or risks of adopting an aggression treatment strategy for patients at risk of CVID in the Wall intermenting orap, HAA to fell from 8.1, per cent to 6.4 access moderated by the procession of the intermental proper and intermental properation and
29	569	mmolited of less	Outcome		prevention	Effective	T - Endocrine/Metabolic and Nutritional	The percentage of patients with diabetes, on the register, in whom the last IFCCHBA1c is 50 immoltred or less in the preceding 12 months	The NCC direct adjacetion on type 2 diabetes scentifies the following buy priorities for implementation to help poole with type 2 diabetes active better glocarric control. Offer shutured education to every patient and only the recommendation of the interest and in
29	570	Percentage of patients with diabetes with glycosylated haemoglobin 64 mmolimol or less	Outcome	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmollmol or less in the preceding 12 months	Auditing the proportion of patients with an HbA1c below 64 mmolimol is designed to provide an incentive to improve glycaemic control across the range of HbA1c values
29	571	Percentage of patients with diabetes with glycosylated haemoglobin 75 mmolimol or less	Outcome	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 75 mmolimol or less in the preceding 12 months	Auditing the proportion of patients with an HbA1c below 75 mmolimol is designed to provide an incentive to improve glycaemic control amongst those with high levels of HbA1c who are at particular risk
									It is advised that statin therapy to reduce cholesterol is initiated and titrated as necessary to reduce total cholesterol to less than 5 mmolil. There is ongoing debate concerning the intervention levels of serum cholesterol in diabetic patients who do not apparently have CVD.
29	572	Percentage of patients with diabetes with total cholesterol 5 mmolf or less	Outcome	Chronic	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmoll or less	The NICE cinical guideline on type 2 diabetes never agents 9 recommends initiating ligid lowering therapy in all patients with type 2 diabetes aged over 40 and for patients aged 39 or under recommends initiating drug therapy in patients with type 2 diabetes who have a poor cardiovascular risk factor profile.
									The SIGN clinical guidation on the management of diabetes 600 recommends (piol lowering drug therapy for primary prevention in patients with type 2 diabetes agod 40 or over irrespective of baseline cholesters. For patients with type 1 diabetes SIGN recommends (piol lowering drug therapy for patients agod 40 or over and for patients agod 40 or under with both type 1 and type 2 diabetes. Room recommends considering ligid lowering drug therapy.
29	573	Percentage of patients with heart failure confirmed by an echocardogram or by specialist assessment	Process	Chronic	Diagnosis	Effective	K - Cardiovascular	The percentage of patients with a diagnosis of heart failure (diagnosed on or after 1 April 2005) which has been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months where entering on to the register	The indust requires that all address with supported life an investigated and this is expected to involve, as a retirement, further opposited investigation (such as expected size points), account interview, position are not used to determine whether patients with involved positions in the recommendant as below. Operation are involved of the investigation (such as expected patients) which are provided for the investigation (such as expected patients) and the support of the result in the such as expected patients and the such as expected patients
									establish the underlying cause. There is strong clinical and cost-effectiveness evidence to support the use of ACE-I in all patients with HF with VBS ACE-I improve symptoms, reduce the hospitalisation rate and improve the survival rate. This is applicable in all age groups. ARBs are also effective in the treatment of patients with HF due to U.V.S. Ltm gry only be used in patients incidence of ACE-I.
29	574	Percentage of patients with heart failure taking angiotensin-converting- enzyme inhibitors or angiotensin il receptor blockers	Process	Chronic	Treatment	Effective	K - Cardiovascular	In those patients with a current diagnosis of heart failure due to left ventricular systolic dynfunction, the percentage of patients who are currently treated with an ACE-I or ARB	It is possible to have a diagnosis of LVSD without HF, for example, asymptomatic people who might be identified coincidently but who are at high risk of developing subsequent HF. In such cases, ACE-fis delay the onset of symptomatic HF, reduce cardiovascular events and improve brig-term survival. This indicator only applies to patients with HF and therefore excludes this other group of patients who are nevertheless to be considered for treatment with ACE-L.
									NICE clinical guideline CG108 and SiGN clinical guideline 95 recommend that ACE-I is used as first-line therapy in all patients with HF due to LVSD and that ARBs are used only in patients who are intolerant of ACE-I.
29	575	Percentage of patients with hypertension and high cardiovascular risk treated with statins	Process	Chronic	Treatment	Effective	K - Cardiovascular	In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained the age of 75, recorded between the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score (using an assessment tool agreed with NHS	For primary prevention of CVD, people at risk need to be identified before CVD has become established. To assess risk in those likely to be at high-risk (for example, people with hypertension) a validated assessment tool is needed that evaluates a range of modifiable and non-modifiable risk factors.
		Percentage of patients with hypertension with blood pressure of 150/90				Effective		England) of >=20% in the preceding 12 months: the percentage who are currently treated with statins	The NICE clinical guideline on lipid modification 163 recommends statin therapy for the primary prevention of CVD for adults who have an estimated 20 per cent or greater 10-year risk of developing CVD. This indicator measures the intermediate health outcome of a bibod pressure of 150/90 mmHg or less in patients with hypertension. Its intent is to promote the primary and secondary prevention of CVD through satisfactory blood pressure
29	576	Percentage or patients with injustration with acoop pressure or 1 Juliau minkly or less	Outcome	Chronic	Diagnosis	Effective	K - Cardiovascular	The processings of passes we opposition of which is an about processing transaction on a processing in transaction to the original transaction of the processing of the original transaction of the processing of the original transaction original transaction or transaction or transaction original transaction ori	The naccon measures the memorate continues and account or a calcon pressure of trough unfinely or less in placents with implementation, the first is to promote the primary also accounts by returned to the continues of the conti
									ESC, European Guidelines, CVD Prevention in clinical practice, 2007. http://www.sign.ac.uk/guidelines/fulf/kndex.html
									PAD PAD is associated with older age and with smoking. Oignrefite smoking is a very important contributor to PAD and as such the management of PAD includes smoking cessation. Strole or TIA There are few RCTs of the effects of risk factor modification in the secondary prevention of schemes or hazmorphagic storal. However, inferences can be drawn from the finds of primary prevention trials that cessation of organization of contributions of the primary prevention trials that cessation of organization of the primary prevention trials that cessation of organization or the primary prevention trials that cessation of organization or the primary prevention trials that cessation of organization or the primary prevention trials that cessation of organization or the primary prevention trials that cessation of organization or the primary prevention trials that cessation of organization or the primary prevention trials that cessation of organization or the primary prevention trials that cessation of organization or the primary prevention trials that cessation or the primary prevention trials that the primary prevention tria
29	577	Percentage of patients with long-term conditions with record of amoking status.	Process	Chronic	Diagnosis	Patient- centered	A - General and unspecified	The percentage of patients with any or any combination of the following conditions: CHD, PAD, shoile or TM, hyperferesion, diabetes, COPD, CKD, asthms, schozophrenia, tipolar affective decoder or other psychosics withou	Stroke or TIA There are few BCTs of the effects of risk factor modification in the secondary revention of ischaeric or haemorrhadic stroke. However inferences can be drawn from the finds of primary prevention frisk that ressation of
29	577	Percentage of patients with long-term conditions with record of smoking status	Process	Chronic	Diagnosis	Patient- centered	A - General and unspecified	The percentage of galaxies with any or any combination of the following conditions: CHO, PAD, stocks or TIA, hypertension, disbutes, COPD, CRD, asthma. achievations, higher difficulties disorder or other psychologic Wildow tolks record enoughing that is in the proceeding for confes	Stroke or TIA There are few RCTs of the effects of risk factor modification in the secondary prevention of ischaemic or haemorrhagic stroke. However, inferences can be drawn from the finds of primary prevention trais that cessation of cigareties arounding the advocated. SIGN clinical guideline 108. Management of patients with stroke or TIA assessment, investigation, immediate management and secondary prevention, 2008. http://www.sign.ac.uk/guidelines/hillest/108/index.html Hypertension There is no strong direct link between smoking and blood pressure. However, there is overwhelming evidence of the relationship between smoking and condovascular and pulmonary diseases. The NICE clinical guideline on hypertension There is no strong direct link between smoking and condovascular and pulmonary diseases. The NICE clinical guideline on hypertension There is no strong direct link between smoking and blood pressure. However, there is overwhelming evidence of the relationship between smoking and condovascular and pulmonary diseases. The NICE clinical guideline on hypertension The recommends that patients who smoke are offered adult on the first of the single production of the relationship in the smoke of the single production of the relationship in the relationship of the single production of the relationship in the relationship of the single production of the relationship in the relationship of the relationship
29	577	Percentage of patients with long-term conditions with record of smoking status	Process	Chronic	Diagnosis	Patient- centered	A - General and unspecified	The percentage of patients with any or any combination of the following conditions: CHD, PAD, shole or TM, hypertension, diabetes, COPD, CKD, as three, schizophrenia, lipidar affective disorder or other psycholes whose notes record smoking status. In the preceding 12 months	Stroke or TIA. There are few RCTs of the effects of risk factor modification in the secondary prevention of ischaemic or haemontagic stroke. However, inferences can be drawn from the finds of primary prevention trials that cessation of capacities are interesting to absorbed. SIGN clinical guideline 108. Management of patients with stroke or TIA: assessment, investigation, investigation, and secondary prevention, 2008. http://www.sign.ac.uk/guidelines/fulfers/fulfor/index.html Hypertension There is no strong direct link between sensiting and blood pressure. However, there is controllering relations of the relationable between smallering and cardiovascular and pulmonary diseases. The NICE clinical guideline on hypertension the common production of the common production of the relationable production of the relationable production of the relationable production in production of the relationable production in production of the relationable production of the relationable production in patients with disabeties is substantially increased. Smoking is an established risk factor for cardiovascular and other diseases.
29	577	Percentage of patients with long-term conditions with record of amoking status.	Process	Chronic	Diagnosis	Patient- centered	A - General and unspecified	The percentage of patients with any or any combination of the following conditions: CHO, PAD, shole or TIA, hypertension, diabetes, COPO, CKD, asthma, schizophrenia, Bjolar affective disorder or other psychoses whose noise record emoking status in the preceding 12 months.	Stole or TIA. There are few RCTs of the effects of risk factor modification in the secondary prevention fall shared researching the subnovable. SGN clinical guideline 108. Management of patients with stroke or TIA. assessment, line-signation, immediate management and secondary prevention, 2008. http://www.sign.ac.uk/guidelines/full@index.tent Hypertension There is no strong direct ink between sminking and blood pressure. However, there is overwhelming evidence of the relationship between sminking and cardiovascular and patients with stroke or TIA. assessment, line-signation, immediate management and secondary prevention, 2008. http://www.sign.ac.uk/guidelines/full@index.tent Hypertension There is no strong direct ink between sminking and blood pressure. However, there is overwhelming evidence or the relationship to these is revised to the strong the patients with an internal patient service in the surfect and secondary prevention, 2008. http://www.sign.ac.uk/guidelines/full@index.tents.co.uk/ar.ac.pi.ncm.ac.pi.co.uk/ar.ac.pi.ncm.ac.pi.nc
29	577	Percentage of patients with long-term conditions with record of amoking status	Process	Chronic	Diagnosis	Patient-centered	A - General and unspecified	The percentage of galaxies with any or any combination of the following conditions: CHO, PAD, stocks or TIA, hyperhension, disbutes, COPD, CRD, authres, exchangement, lipides differable disorder or other psycholes differ	Stroke or TIA There are few RCTs of the effects of risk factor modification in the secondary prevention of ischaemic or haemontagic stroke. However, inferences can be drawn from the finds of primary prevention that that cessation of upgrete in remaining the absociated. SIGIN clinical guideline 108. Management of patients with stroke or TIA: assessment, investigation, investigation and secondary prevention. 2008. http://www.sign.ac.uk/guidelines/fulfers/fulfindes/trint Hypertension There is no strong direct lisk between smelting and thood pressure. However, there is cereval-integration politication of the relationship between smelting and cardiovascular and pulmonary deseases. The NICE clinical guideline on hypertension There is no strong direct lisk between smelting and cardiovascular and pulmonary deseases. The NICE clinical guideline on System than the secondary prevention to the secondary prevention. There is no strong direct lisk between the secondary prevention to the secondary prevention to the secondary prevention to the secondary prevention. The secondary prevention that the secondary prevention that the secondary prevention to the secondary prevention. The secondary prevention to the secondary prevention to the secondary prevention. The secondary prevention to the secondary prevention. NICE clinical guideline COS101. Management of COPID in adults in primary and secondary care. 2010. http://gactoon.nic.org.abCOS101 Authors There are a surprisingly creat number of shallow on monking related asthms. Starting enrolling as a secondary care. 2010. http://gactoon.nic.org.abCOS101 Authors There are a surprisingly creat number of shallow on monking related asthms. Starting enrolling as a secondary care. 2010. http://gactoon.nic.org.abCOS101 Authors There are a surprisingly creat number
29	577	Percentage of patients with non-haemonthagic stroke or transien is chaemon	Process	Chronic	Diagnosis	Patient-centered Effective	A - General and unspecified K - Cardiovascular	The percentage of patients with a shole shown to be non-harmonings(; or a history of TTA, who have a record in the preceding 12 months that an anti-platete agent, or	Strole or TIA. There are few RCTs of the effects of risk factor modification in the secondary prevention of lockmans for hammonings draws in the Hondon of primary prevention this that cessation of operate membrings be shortcoald. SiGN delinical guideline 108. Management of patients with strole or TIA. assessment, investigation, immediate management and secondary prevention, 2008. http://www.sujm.ac.in/guidelines/fided/108/index.html Hypertension There in no strong direct link between smalling and lobod pressure, all preventions of the membring of the membring of the delining of the strong interest of the membring of the strong interest of the membring of the membring of the strong interest on the membring of the strong interest on the prevention of the membring of the strong interest on the strong in the strong in
	578	Percentage of patients with non-haemonthagic stroke or transien is chaemic attack taking antipiatelet agent, or anticioagalans	Process	Chronic	Treatment	Effective	K - Cardvascular	The percentage of patients with a shoke shown to be non-harmonhagic, or a history of TIA, who have a record in the preceding 12 months that an anti-platelet agent, or a net chapation to beny taken.	Shole or TIA. There are five RCTs of the effects of risk factor modification in the secondary prevention of isolaterial constraints. In the control of the c
29		Percentage of patients with non-haemonthagic stroke or transien is chaemon			-			The percentage of patients with a shole shown to be non-harmonings(; or a history of TTA, who have a record in the preceding 12 months that an anti-platete agent, or	Stroke or TIX. There are five RCTs of the effects of risk factor modification in the secondary prevention of stondards or humanical post administration. SiGN closical guideline 108. Management of patients with stroke or TIX: assessment, investigation, immediate the administration of the stroke or TIX: assessment, investigation, immediate the administration of the restriction of the restriction of the stroke or TIX: assessment, investigation, immediate management and secondary prevention, 2008. http://www.sign.ac.ukg/size/hers.full.end/108/index.html Hypertension There is no strong direct lisk between sminking and blood pressure. However, there is no enthroping evidence of the relationship between sminking and cardiovascular and patrictural patrictural and the supplementary of the strong direct lisk between sminking and blood pressure. However, there is no enthroping evidence of the relationship for administration of the relationship for administration of the relationship for administration of the strong direct of the strong or administration of the strong direct or for administration or relationship for administration or relationship for administration or relationship for administration or administration or 2010. http://guidaten.com.com.org.gu/sCG1011 OCOLD Guidatenship for administration of the strong or administration of the strong organistration or the strong organistration organi
	578	Percentage of potents with non-haemonthagic strike or transien ischaemonthagic strike	Process	Chronic	Treatment	Effective	K - Cardvascular	The percentage of patients with a shoke shown to be non-harmonhagic, or a history of TIA, who have a record in the preceding 12 months that an anti-platelet agent, or a net chapation to beny taken.	Strole or TIX. There are few RCTs of the effects of risk factor modification in the secondary prevention of lockmannic or beammenting of the Honorous Progressian Control of the Control of
	578	Percentage of patients with non-haemonthage stroke or transient schaemer which taking artificiated agent, or artificiated percentage of patients with perspheral arterial disease taking aspirin or an alternative artificiated.	Process	Chronic	Treatment	Effective	K - Cardvascular	The percentage of patients with a shoke shown to be non-harmonhagic, or a history of TIA, who have a record in the preceding 12 months that an anti-platelet agent, or a net chapation to beny taken.	Shole or TIA. There are five RCTs of the effects of risk factor modification in the secondary prevention of stochastics or homorphigic sholes. However, inferences can be drawn from the finds of primary prevention that that cessation of significant should be administed to administed the shouldings. SiGNI cloical guideline 108. Management of patients with shole or TIA: assessment, investigation, investigation, investigation and secondary prevention, 2008. http://www.sign.ac.uk/guidelines/fulfile/index.html Hypertension There is no strong direct lisk between smalling and blood pressure. However, there is no entirely investigation and cardiovascular and patiences of the patiences. Diabetes The risk of visualized complications in patients with abstract set on some and the patients with small suppliers with an investigation and the suppliers of the patients of the pati
29	578	Percentage of potents with non-haemonthagic strike or transien ischaemonthagic strike	Process Process	Chronic	Treatment Treatment	Effective Effective	K - Cardonascular K - Cardonascular	The percentage of patients with a shoke shown to be non-harmonhagic, or a history of TIA, who have a record in the preceding 12 months that an arti-platelet agent, or an efficiency black. The percentage of patients with peripheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-platelet is being taken	Shole or TIA. There are five RCTs of the effects of risk factor modification in the secondary prevention of isolaterial content of the conten
29	578	Percentage of patients with non-haemonthagic stroke or transien ischaemic which lating amphibility agent, or anticoagulant. Percentage of patients with perspheral arterial disease taking aspinn or an alternative ampliable! Percentage of patients with perspheral arterial disease with blood pressure 15,000 mmHg or less.	Process Process	Chronic	Treatment Treatment	Effective Effective	K - Cardovascular K - Cardovascular K - Cardovascular	The percentage of patients with a shale alrown to be non-harmonthagic, or a history of TIA, who have a record in the preceding 12 months that an arti-plateted agent, or an arti-cospidant is being taken. The percentage of patients with perspheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-plateted is being taken. The percentage of patients with perspheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) in 150/80 months or less than	Shole or TIA. There are five RCTs of the effects of risk factor modification in the secondary prevention of isolaterial content of the conten
29	578 579 580	Percentage of potients with non-haemornhage stroke or transient schaemer, which is a potient staining artificialistic agent, or artificiosalism. Percentage of patients with perspheral arterial disease taking aspirin or an alternative artificialistic artificialism. Percentage of patients with perspheral arterial disease with blood pressure 150/00 merkig or less.	Process Process Outcome	Chronic Chronic	Treatment Treatment Diagnosis	Effective Effective	K - Cardovascular K - Cardovascular K - Cardovascular	The percentage of patients with a shale alrown to be non-harmonthagic, or a history of TIA, who have a record in the preceding 12 months that an arti-plateted agent, or an arti-cospidant is being taken. The percentage of patients with perspheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-plateted is being taken. The percentage of patients with perspheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) in 150/80 months or less than	Strole or TIX. There are few RCTs of the effects of risk factor modification in the secondary prevention fall of an execution of register servicing by selections. SIGN official guideline 108. Management of patients with stock or TIA. assessment, investigation, immediate management and secondary prevention, 2008. http://www.sign.ac.uk/guidelines/fulled-108/index.html Hypertension There is no strong direct his between smalling and blood pressure. However, there is covered-intering evidence of the relationship between smalling and cardiovascular and patients yeldsess. The NCE direct guideline on hypertension There is no strong direct his between smalling and blood pressure. However, there is covered-intering evidence of the relationship between smalling and cardiovascular and patients yeldsess. COPD directions in the strong of the control of the con
29	578 579 580	Percentage of patients with non-haemonthagic stroke or transien ischaemic which lating amphibility agent, or anticoagulant. Percentage of patients with perspheral arterial disease taking aspinn or an alternative ampliable! Percentage of patients with perspheral arterial disease with blood pressure 15,000 mmHg or less.	Process Process Outcome	Chronic Chronic	Treatment Treatment Diagnosis	Effective Effective	K - Cardovascular K - Cardovascular K - Cardovascular	The percentage of patients with a shale alrown to be non-harmonthagic, or a history of TIA, who have a record in the preceding 12 months that an arti-plateted agent, or an arti-cospidant is being taken. The percentage of patients with perspheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-plateted is being taken. The percentage of patients with perspheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) in 150/80 months or less than	Shot or TIX There are few RCTs of the effects of risk factor modification in the secondary prevention falls that cessation of organization of the common things of the common thi
29	578 579 580	Percentage of patients with non-haemonthagic stroke or transien ischaemic which lating amphibility agent, or anticoagulant. Percentage of patients with perspheral arterial disease taking aspinn or an alternative ampliable! Percentage of patients with perspheral arterial disease with blood pressure 15,000 mmHg or less.	Process Process Outcome	Chronic Chronic	Treatment Treatment Diagnosis	Effective Effective	K - Cardovascular K - Cardovascular K - Cardovascular	The percentage of patients with a shale alrown to be non-harmonthagic, or a history of TIA, who have a record in the preceding 12 months that an arti-plateted agent, or an arti-cospidant is being taken. The percentage of patients with perspheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-plateted is being taken. The percentage of patients with perspheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) in 150/80 months or less than	Shole or TIA. There are five RCTs of the effects of risk factor modification in the secondary prevention of six factor modification in the secondary prevention of six factors and secondary prevention. SGIN derivated design of the secondary prevention of the factor modification of the secondary prevention. There is no strong direct his between smalling and blood pressure. Howestgolino, immediate management and secondary prevention. 2008. http://www.sign.ac.uk/gis/de/hera/filled/ricks.html

29	584	Percentage of QOF patients with diabetes with a record of a foot examination and foot risk classification	Process	Chronic	Diagnosis	Effective	T - Endocrine/Metabolic and Nutritional	The percentage of patients with diabetes, on the register, with a record of foot examination and risk classification: 1) towrisk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous user) or 4) ulcerated foot within the preceding 12 months	Patients with diabetes are at high risk of foot complications. Evaluation of skin, soft issue, musculoskeletal, vascular and reurological condition on an annual basis is important for the detection of feet at raised risk of ulceration.
29	585	Percentage of smokers with long-term conditions offered smoking cessation support	Process	Chronic	Treatment	Effective	A - General and unspecified	The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, dipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months	The aim dis domain is to increase the proportion of aucoscald stracking all attempts by providing the best available support and trastment. A wide range of diseases and conditions are caused by organities stracking, including cancers, receiptionly diseases. Child and other collands addressed laters, Black Indirectly, subsequences, stratum diseases, and an advantable stratum diseases, and an advantable stratum diseases and conditions are caused by organities stratum diseases. Some diseases and conditions are caused by organities stratum diseases and conditions are caused by organities and conditions in pregnancy and above, including exteptic pregnancy, believeding during programs or provided by the conditions of the procedure diseases and conditions are caused by the conditions of the procedure during programs or an advantable stratum diseases. The conditions are caused by the conditions are caused by diseases and conditions are caused by diseases. But the conditions are caused by diseases and conditions are caused by diseases. But the conditions are caused by diseases and conditions are caused by diseases. But the conditions are caused by diseases are conditional or diseases. But the conditions are caused by diseases and conditions are caused by diseases. But the conditions are caused by diseases and conditions are caused by diseases. But the conditions are caused by diseases. But the conditions are caused or diseases and conditions are caused or diseases. But the conditions are caused or diseases and conditions are caused or diseases. But the conditions are caused or diseases and conditions are caused or diseases. But the conditions are caused or diseases and conditions are caused or diseases. But the conditions are caused or diseases and conditions are caused or diseases. But the conditions are caused or diseases and conditions are caused or diseases. But the conditions are caused or diseases are diseases. But the conditions are caused or diseases are diseases are diseases. But the conditions are caused or di
29	586	Register of patients with atrial fibrillation	Outcome	Chronic	Diagnosis	Patient- centered	K - Cardiovascular	The contractor establishes and maintains a register of patients with atrial fibrillation	
31(50)	587	<=0.6 prescriptions/100 PUs for drugs with limited indications (e.g. cerebral and peripheral vasodilators) (BNF sections 2.6.3/2.6.4)	Process	Chronic	Treatment	Effective	K - Cardiovascular	The percentage of general practitioner with <=0.6 prescriptional 100 PUs for drugs with limited indications [Cerebral and peripheral vasodilators (BNF sections 2.6.3/2.6.4)]	The aim in setting the standards was to choose a level which, when achieved, would reflect good precorbing, it was regarded as involvable that for some criteria, where the good fet there was widespread poor prescribing, the standard would be achieved by only an appropriation of practices. Marineris standards were set in three was jet, in from the rate of generic prescribings processly intering the proportion of a practice prepande are as accounted for by preferred droggly, sold thirdly, for markers of poor prescribing, by setting absolute levels of prescribing. Fet asturdard was based on a general practitioner is suring just over one prescription per morth (15 items or fewer per year) with 1 threads the 10 items per level per year).
31(50)	588	<=0.6 prescriptions/100 PUs for Diuretic-potassium combinations with limited clinical value (BNF-section 2.2.8)	Process	Chronic	Treatment	Effective	K - Cardiovascular	The percentage of general practitioner with <=0.6 prescriptions/100 PUs for Diuretic-potassium combinations with limited clinical value (BNFsection 2.2.8)	100
31(50)	589	Frusemide and bendrofluazide (as % of BNFsection 2.2 drugs) >=55	Process	Chronic	Treatment	Effective	K - Cardiovascular	The percentage of general practitioner choosing Frusemide and bendrofluazide from BNFsection 2.2 drugs >=55 times	
31(50)	590	Atenolol and propranolol (as % of BNFsection 2.4 drugs) >=75	Process	Chronic	Treatment	Effective	K - Cardiovascular	The percentage of general practitioner choosing Atenolol and propranoiol from BNFsection 2.4 drugs >=75 times	
31(16)	591	Change amlodipine to felodipine	Process	Chronic	Treatment	Effective	T - Endocrine/Metabolic and	N/A	A few indicators appeared idiosynoratic such as increasing atorvastatin and cerivastatin as a proportion of all statins (cerivastatin was withdrawn in 2001 following reports of serious side-effects) or changing amindipine to felodgine
31	592	Co-prescriptions to be avoided	Process	Chronic	Treatment	Safe	Nutritional / K - Cardiovascular A - General and unspecified	Co-prescriptions to be avoided, e.g. of statins with macrolides, diuretic, ACE-inhibitor with potassium or NSAID, metformin with glibenclamide, etc.	
31(52)	593	Prescription of high dose hydrochlorthiazide	Process	Chronic	Treatment	Effective	K - Cardiovascular	Percentage of patients with heart failure hospital discharge prescribed with hydralazine/sordil or angiotensin II receptor antagonist at discharge or 6 months after	
31 (16)	594	Prescription of law dose headrofluoride	Process	Chronic	Treatment	Effective	K - Cardiovascular	discharge Proportion of low dose bendroftuazide (2.5 mg)	N/A
31(23, 25,	595	Once-or twice-daily dosing of antitypertensives in elderly	Process	Chronic	Treatment	Effective	K - Cardiovascular	IF a vulnerable elder requires pharmacotherapy for treatment of hypertension in the outpatient setting, THEN a once- or twice-daily medication should be used unless	To be a meaningful measure of quality, a process of care must be related to improved patient outcomes. For many quality indicators, this relationship is based on evidence of efficacy from randomized, controlled trials, usually among a select
26, 27) 31(47)	596	Cost of treatment per unit	Structure	Chronic	Treatment	Efficient	A - General and unspecified	DDD (doss daria definida) ARA-IIDDD IECA + ARA-II; DDD (doss daria definida) estatinas de elección/DDD estatinas; DDD (doss daria definida) artilipentersivos de elección/DDD estatinas; DDD (doss daria definida) artilipentersivos de elección/DDD artilipentersivos; DHD (doss por mi habitantere y da) estatinas; Dosel 100(personatary of ligid benefin	patient population.
31(47)	590	Cost of Beasiness per unit	Stucture	CHORIC	Headileit	Ellicient	A - General and dispectived	de elección/total antihipertensivos; DHD (dosis por mil habitantes y día) estatinas; Dose/1000personsiday of lipid lowering drugs; AINE primera elección/total AINE Medication Management in the Elderly (DAE/DDE): Potentially Harmful Drug-Disease Interactions in the Elderly: Assesses adults 65 and older who have a specific	
31(4)	597	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular	Médicaion Management in the Elberty (DAE/DOE): Potentially Harmful Drug-Dissase Interaction in the Elberty, Assesses adults 65 and older with however a specific desease or condition (privative relatinger, deservating, storty of false) and were despressed a prescription for a medication that could exacerbate it. Use of High-Risk Medications in the Elberty, Assesses adults 65 and older with load at least one dispensing event for a high-risk medication or who had at least 2 despressing event for a high-risk medication or who had at least 2 despressing event for the second of the control of the second	
31(15)	598	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular	Potentially inapproprise drug selection (PIDS): The rate of PIDS are calculated for each category as the number of precipitions for the potentially inapproprise drug or drugs in a category divided by the total number of precipitions for that category. The enemander of precipitions for the category divided by the total number of individuals exposed to a potentially inappropriate drug divided by the total eligible population of 355500. Appropriate significant precipition in cardiosi incheminals. When the appropriate significant reports result as a processing or individual exposed to a potentially inappropriate drug divided by the total eligible population of 355500.	
31(21)	599	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular	group (nitrate (k2 agonist digoxin/amindarone)	
31(21)	600	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular	Appropriate anticoagulantiaspinin 300 mg prescription in abrial fibrillation: Digosinhamiodarcne with warfarin or aspirin 300 mg in AF prescribing (Indicator reports result as a secrentase of residents orescribed the leve druoridrum crous Initiate, 82 associats, disoxiniamiodarcne). Calcium Channel Blockers: E A VE has heart falture, LVEF of less than 40%, and no artial fibrillation, THEN to en the should not be treated with a first- or	
26, 27)	601	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular	Calcium Chamiline accesses. If a VE has heart failure, CVEF of less small 40%, and to all an instance, Free File of size scious risk be read to a second generation calcium channel blocker. Type I Anfairrhythmic Agents: IF a VE has heart failure and an LVEF of less than 40%, THEN he or she should not be treated with a type I anfairrhythmic agent unless an	https://ionlinelibrary.wikey.com/doi/fulf10.1111/j.1532-5415.2007.01341.x
26, 27)	602	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular		https://ionlinelibrary.wikey.com/doi/fulf10.1111/j.1532-5415.2007.01341.x
31(23, 25, 26, 27)	603	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular	Patient Counseling: F a VE is newly diagnosed or hospitalized with heart failure, THEN patient counseling regarding medication use, dosage, intervals, side effects, low-sall deft, exercise and physical activity, smoking cessation; weight monitoring, symptom management, advanting or minimizing use of nonsieroidal antirifharmatory drugs; and proposis and end of 4fe exercise and be provided and documented.	
31(23, 25, 26, 27)	604	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular	Digoxin Monitoring: IF a VE with heart failure is taking digoxin and has signs of toxicity, THEN a digoxin level should be checked or digoxin discontinued within 1 week	
								2002 Criteria for Potentially Inappropriate Medication Use in Older Adults: Considering Diagnoses or Conditions: Discopyramide (Norpace), and high sodium content drugs (sodium and sodium salts [alginate bicarbonate, biphosphate, citrate, phosphate, salicylate, and sulfate]); Phenylpropanolamine hydrochloride (removed from the	
31(28)	605	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular	crugs (scolum and scolum sails (aignate bicarbonate, opnosphate, cirate, prosphate, sail-yate, and suitate)); Phenypropanciamine hydrochloride, and amitriptyline market in 2001), pseudoephedrine; diet pills, and amphetamines; Tricyclic antidepressants (impramine hydrochloride, doxepin hydrochloride, and amitriptyline hydrochloride).	
31(52)	606	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular	No chronic use of nonsteroidal anti-inflammatory drugs by 6 months after discharge: Percentage of patients with heart failure hospital discharge and no chronic use of	DiSalvo TG, Normand SL, Hauptman PJ, Gladagnoi E, Palmer RH, McNeil BJ. Pitfalis in assessing the quality of care for patients with cardiovascular disease. The American journal of medicine. 2001 Sep 1;111(4):297-303.
31(52)	607	Drugs to be avoided	Process	Preventive	Treatment	Safe	K - Cardiovascular	No prescription of short-acting refledgine: Percentage of patients with hyportension and no prescription of short-acting refledgine: Percentage of patients with hyportension and no prescription of short-acting refledgine No prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of patients with hyportension and no prescription of hydrochlorothizatide >=50 mg/day: Percentage of h	DiSalso TG, Normand St, Hauptman PJ, Guadagnoli E, Palmer RH, McNeil BJ. Pitfals in assessing the quality of care for patients with cardiovascular disease. The American journal of medicine, 2001 Sep 1;111(4):287-303.
31(52)	608	Drugs to be avoided	Process	Preventive	Treatment	Sare	K - Cardiovascular	No prescription of hydrochlorothiazide >=50 mg/day: Percentage of patients with hypertension and no prescription of hydrochlorothiazide >=50 mg/day For indicators directed towards making a limited choice from a group of drugs the DU90% method was used [23]. This method relates the quality of prescribing to the	DiSalvo TG, Normand SL, Hauptman PJ, Guadagnoli E, Palmer RH, McNeil BJ. Pitfalls in assessing the quality of care for patients with cardiovascular disease. The American journal of medicine. 2001 Sep 1;111(4):297-303.
31(43)	609	Number of different brands with the same active substance DU90% within a specific drug class	Process	Preventive	Treatment	Effective	A - General and unspecified	For industria directed branch making a limited choice from a group of drugs the DUIDN's method was used [23]. This method relates the quality of prescribing to the number of different drugs (in times of DOID) and are responsible for 16% of the drugs, use, the DUIDN's index. The responsible for specially sold assumes that good responsible policy of the drugs (use, the DUIDN's index. The restricted assumes that good perscribings is considered with a relatively limited choice from the availables range of drugs. DUIDN's Calcifordinaceptives (ref.4—DUIDN's-1), DUIDN's-1), DUIDN's	
31(10)	610	Number of prescriptions for (preferred) drugs per PU (or ASTRO-PU)	Process	Chronic	Treatment	Effective	K - Cardiovascular	Percentage of lipid lowering drugs per ASTRO-PU	
31 (16,59)	611	Patients on long acting isosorbide nitrate, glibenclamide, combinations of diuretics or a-glucosidase inhibitor, etc.	Process	Chronic	Treatment	Effective	K - Cardiovascular	Reduce proportion of long acting preparations of isosorbide mononitrate (31(16)); Porcentaje de inhibidores de la alfaglucosidasa/total de ADO [31(59)]	
31 (47, 59)	612	Patients on novelty drugs, such as angiotensin II receptor blockers or thiazolidinediones, of all patients receiving anthypertensives or oral glucose-	Process	Chronic	Treatment	Effective	K - Cardiovascular	DDD ARA-II/DDD IECA + ARA-II [31(47)]; Porcentaje de antagonistas de los receptores de la angiotensina II (ARA-II)/total de antihipertensivos. [31(59)]	
31 (47,59)	613	lowering drugs Patients on preferred drug classes (e.g., duretics or b-blockers) of all antihypertensives	Process	Chronic	Treatment	Effective	K - Cardiovascular	DDD antihipertensivos de elección/total antihipertensivos [31(47)]; Porcentaje de diuréticos y bioqueadores beta/total de antihipertensivos [31(59)]	
31(43)	614	Patients prescribed angiotensin II receptor blockers and prior to this an angiotensin-converting-enzyme inhibitor of all patients prescribed angiotensin	Process	Chronic	Treatment	Effective	K - Cardiovascular	Patients who were prescribed na angiotensin II - antagonist (AT-2)and prior to this na ACE inhibitor, divided by no. Of patients who received na AT-2 · 100%	
31 (16,59)	615	angiotensin-converting-enzym inhibitor of all patients prescribed angiotensin Il receptor blockers Percentage of First choice drug class (e.g. biguanides) of all oral antidiabetic drugs	Process	Chronic	Treatment	Effective	K - Cardiovascular	Porcertaje de metforminaltotal de artidiabéticos orales (ADO)[31(69)] Of geater concern was one PCG that had a diabetic indicator alming for over 80% of oral hypoglycenrics to be metformin. Such an indicator, if over-emisusatioaly enforced, could have adversely affected diabetic control in the population of that PCC. [31(6)].	
		Diagnosis and treatment - primary care: Hospitalization for ambulatory care		Acute /					1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic iterature review of its core dimensions. BMC Health Services Research, 10(1) #2. Marshall M.
3	616	Sensitive conditions	Outcome	Chronic	Treatment	Effective	Not Defined	Diagnosis and treatment - primary care: Hospitalization for ambulatory care sensitive conditions	Klazinga N, Leatherman S, Hardy C, Bergmann E, Pisco L, et al: OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
3	617	ACSC adjusted	Outcome	Acute / Chronic	Treatment	Effective	Not Defined	After adjustment for age, sex, and seventy of literes, significant predictors of higher admission raises of ACSCs within rual areas include back of insurance, emergency admissions, higher degree of remoteress, lower population density, bener number of general practitioners (rolling positions) and comparison of admissions, higher degree of general practitioner viaits per person by LGA, and areas with lower socio-economic status, education and occupation, and economic resources.	1. Kirigos, D. S., Boerma, W. G., Hutchisson, A., van der Zee, J. & Groenwagen, P. P. (2010). The broadtind primary care: a systematic Benature review of its core dimensions. BMC Health Services Research, 10(1) if 2. Ansant Z. Barbetti T., Carson NJ, Auckland MJ, Cloudini F. The Victorian ambulatory care sensitive conditions study, rural and urban perspectives. Scz Praventiment 2003, 48:33-43.
4	618	Counsellinghelp to stop smoking for patients with serious mental illness	Process	Preventive	Treatment	Effective	P - Psychological	Patients with serious mental liness who smoke who are offered tobacco counselling/help to stop smoking	1. National institute for Health and Carde Euceleuse. Psychosius and extraophrenia in salable prevention and management. COT/18. Londow. NICE, 2014. https://www.nice.org/apilipationscip/18/2016/2016/2016/2016/2016/2016/2016/2016
4	619	Alcohol misuse screening	Process	Preventive	Screening and prevention	Effective	P - Psychological	Number of patients with spectrum of behaviors, including risky or hazardous alcohol use (e.g. harmful alcohol use and alcohol abuse or dependence).	 Agency for Healthcare Research and Quality. AHRQ — quality indicators. AHRQ, 2016. www.qualityindicators is already of special properties of the Research of Quality. AHRQ — quality indicators is not propin with series; metal librors. a systematic review. The Reliefs invaried of neural processing of the Revial College of General Proceedings on State 18 (1997).
4	620	licit drugs misuse screening	Process	Preventive	Screening and prevention	Effective	P - Psychological	Number of patient screenings for illicit drug use, type, quantity, and frequency	1. Agency for Healthcare Research and Quality. AHRQ — quality indications. AHRQ, 2016, www.quality/indicators alreago; (accessed 20 Mar 2019), [12. Knownberg C, Deram T, Goddard M, Kendick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicates for people with services metal alreass. a systematic review. The following fournation of period processed. Deram 2019; [12] Knownberg C, Deram T, Goddard M, Kendick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators. AHRQ—quality indica
4	621	Refferal to substance misuse disorder specialty care	Process	Chronic	Treatment	Effective	P - Psychological	Number of appropriate referral to substance misuse disorder specialty care.	primary care quality indicators for people with serious mental liness: a systematic review. The British journal of general practice : the journal of the Royal College of General Practitioners. 2017;67(661):e519-e30.
4	622	HIV screening with co-occurring substance misuse	Process	Chronic	Screening and prevention	Effective	P - Psychological	HIV screening with co-occurring substance misuse for serious mental lilness service users	1. Swartz L., MacGregor H. Integrating services, marginationing patients: psychiatric patients and primary health care in South Africa. Transcult Psychiatry 2002; 39(2): 155-172. [2. Knownberg C., Doran T., Goldard M., Kendrick T., Gilbody S., Dare CR, et al. Identifying primary use quality indicators for people with services metall intens. a systematic review. The British purral of general practice: the purral of the Regul College of General Psychiatry 2002; 39(2): 155-172. [2. Knownberg C., Doran T., Goldard M., Kendrick T., Gilbody S., Dare CR, et al. Intensity of the Regul College of General Psychiatry and Psychiatry (1994) and State of St
4	623	Surveillance to prevent relapse	Process	Preventive	Follow up and continuity	Safe	P - Psychological	Surveillance to prevent relapse	Goddard M, Kendrick T, Gilbody S, Dare CR, et al. Identifying primary care quality indicators for people with serious mental libests a systematic review. The British journal of general practice : the journal of the Royal College of General Practitioners. 2017;67(86)(18)(18)(18)
4	624	Extra pyramidal effects monitoring	Process	Preventive	Follow up and continuity	Safe	P - Psychological	Patients suffering extra pyramidal effects monitored and check compliance	1 Kropenberg C. Doran T. Goldard M. Kendrick T. Gilbody S. Dare CR. et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. The Pritish journal of general practice: the journal of the
6	625	Vulnerable elders screened to detect problem drinking and hazardous drinking	Process	Preventive	Screening and prevention	Effective	P - Psychological	Number of vulnerable elders screened at least once to detect problem drinking and hazardous drinking by taking a history of abchol use or by using standardized screening questionnaires	Royal Cologo of General Practitiones. 2017;67(8):1951-96-30. IZ Loade NL Consensus statements on saturation of care in schoolproteins. Princ Care Psychiatr 1997;33;155-154. 1-Fajar X, Moles RJ, Cher AF. Coulty Indications in responsible use of indications a systematic review BMU Open 2018 25 and 202373. doi: 10.1580/pppe.2017/2023871_2 F. Chargy A, Morris D, et al. Selecting process quality indications for the integrated care of vulnerable older adults affected by cognitive impairment or demonts. BMCH etails flow Pice 2007;17(6); 13. Chris WY, Lam CL, Lo SV, Quality of care of nurse-led and affect leadiling processing and proce
6	626	Vulnerable elders screened to tobacco use	Process	Preventive	Screening and prevention	Effective	P - Psychological	Number of vulnerable elders screened at least once to detect whether they use tobacco regularly	Figliar, Nation RJ, Chen TF, Gualty indicators for responsible use of medicines: a systematic review BMU Open 2018 8-000437, doi: 10.1188/brispen-2017-000437 [2. Kniger, E., Tourley, A., Morin D., et al. Selecting process quality indicators for the integrated care of whereathe cloter adults affected by cognitive impairment or develoral BMD Health Serve 2007/17-68 [3. E. DIVI, VII. and, C. L. DV, VII. and, VII. and VIII. and VII
6	627	Vulnerable elders counselling to quit smoking	Process	Preventive	Treatment	Effective	P - Psychological	Number of vulnerable elder offered counselling and/or pharmacological therapy at least once to stop tobacco use	indicators for the integrated care of vulnerable older adults affected by cognitive impairment or dementia. BMC Health Serv Res 2007;7:195, 3. Chin WY, Lam CL, Lo SV. Quality of care of nurse-led and allied health personnel-led primary care clinics. How Roam prediation parts 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,
6	628	Vulnerable elders in physical activity	Process	Preventive	Screening and prevention	Effective	P - Psychological	Vulnerable elders that should receive an assessment of their level of physical activity at least once a year and, if necessary be provided with counselling about appropriate resources	Figlia K, Moles RJ, Chen TF. Quality indicators for responsible use of medicines: a systematic review BMJ Open 2018 #2003471, doi: 10.1108/mjopen-9017-020437 2. Kridger E, Tourigny A, Morin D, et al. Selecting process quality indicators for the integrated care of unknerable older adults affected by cognitive impriment of demineral. BMC Health Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, Lam CL, Lo SV, Quality of care of nuss-ed-and affect health personnel-led primary care clinics. Heapt Serv Res 2007;7:165, 3. Chim WY, L
8	629	Percentage of patients with serious mental health problems with record of blood pressure	Process	Preventive	Screening and prevention	Effective	P - Psychological	% patients with serious mental health problems with record of blood pressure	Lake R, Georgiou A, Li J, Li L, Byrne M, Robinson M, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):521
8	630	Percentage of patients with serious mental health problems with record of alcohol consumption	Process	Preventive	Screening and prevention	Effective	P - Psychological	% patients with serious mental health problems with record of alcohol consumption	Lake R, Georgiou A, Li J, Li L, Byrne M, Robinson M, et al. The quality, safety and governance of helephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):822
8	631	Percentage of women with serious mental health problems with cervical screening test performed	Process	Preventive	Screening and prevention	Effective	P - Psychological	% women with serious mental health problems with cervical screening test performed	Lake R, Georgiou A, Li J, Li L, Byrne M, Robinson M, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):523
8	632	Percentage of patients on lithium therapy having renal and thyroid function	Process	Preventive	Screening and prevention	Safe	P - Psychological	% patients on lithium therapy having renal and thyroid function monitored	Lake R, Georgiou A, Li J, Li L, Byrne M, Robinson M, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):824
		разовнин			prevention		. •	* * * *	

8	633	Percentage of patients on lithium therapy with lithium levels in therapeutic	Process	Preventive	Screening and prevention	Safe	P - Psychological	% patients on lithium therapy with lithium levels in therapeutic range	Lake R, Georgiou A, Li J, Li L, Byrne M, Robinson M, et al. The qualty, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC health services research. 2017;17(1):625
~	634	range Usage of systemic antibiotics in dental treatments without	Process	Acute	prevention Treatment	Safe	D - Digestive	This indicator describes unnecessary artibiotic prescriptions in dental treatments	Hussel of setting artificials in definity 2 End Forbild Qual The set of setting artificials in definity 2 End Forbild Qual
24		indication for antibiotics						, , , ,	Gesundhives 2017;122-1-8.
2	635	Emergency contraception	Process	Acute	Treatment	Effective	X - Female Genital	NA .	1. A. Mazur, C. D. Brindis e M. D. J., "Assessing youth-friendly sexual and reproductive health services: a systematic review," BMC Health Services Research, pp. 1-12, 2018.
2	636	Pap smears and pregnancy tests	Process	Preventive	Screening and prevention	Effective	X - Female Genital	NA NA	1. A Mazur, C. D. Brinds e M. D. J., "Assessing youth-friendly sexual and reproductive health services: a systematic review," BMC Health Services Research, pp. 1-12, 2018.
2	637	Hormonal contraceptive provision without appointment for pelvic exam	Process	Preventive	Treatment Follow up and	Safe	X - Female Genital W - Pregnancy.	Hormonal contraceptive provision without appointment for pelvic exam	Mazur, C. D. Birindis e M. D. J., "Assessing youth-friendly sexual and reproductive health services: a systematic review;" BMC Health Services Research, pp. 1-12, 2018. 2. Henderson, J. T., Sawaya, G. F., Blum, M., Stratton, L., & Harger, C. C. (2010), Pelvic examinations and access to onal hormonal contacoption. Obstetrios and greecology, 116(6), 1257–1264. doi:10.1097/ACG.00013e3181f64691
2	638	Pregnant and parenting teen services	Structure	Preventive	continuity	Effective	Childbearing, Family Planning	Pregnant and parenting teen services	A. Mazur, C. D. Brindis e M. D. J., "Assessing youth-friendly sexual and reproductive health services: a systematic review," BMC Health Services Research, pp. 1-12, 2018.
15	639	Prescription of a combined hormonal contraceptive to a woman with a history of venous or arterial thromboembolism	Process	Preventive	Treatment	Safe	W - Pregnancy, Childbearing, Family Planning	Prescription of a combined hormonal contraceptive to a woman with a history of venous or arterial thromboembolism	1. R. Spencer, B. Bell, A. J. Avery, G. Gookey e S. M. Campbell, "Identification of an updated set of prescribing-safety indicators for GPs," British Journal of General Practice, pp. e181-e190, 2014.
15	640	Prescription of oral or transdermal cestrogens to a woman with a history of breast cancer Prescription of oral or transdermal cestrogen without a progestogen in a	Process	Preventive	Treatment	Safe	X - Female Genital	Prescription of oral or transdermal oestrogens to a woman with a history of breast cancer	1. R. Spencer, B. Bell, A. J. Avery, G. Gooley e S. M. Campbell, "Identification of an updated set of prescribing-safety indicators for GPs," British Journal of General Practice, pp. e181-e190, 2014.
15	641	Prescription of oral or transfermal oestrogen without a progestogen in a woman with an intact uterus	Process	Preventive	Treatment	Safe	X - Female Genital W - Pregnancy,	Prescription of oral or transdermal destrogen without a progestogen in a woman with an intact uterus	1. R. Spencer, B. Bel, A. J. Avery, G. Gooley e S. M. Campbel, "identification of an updated set of prescribing-safety indicators for GPs," British Journal of General Practice, pp. e181-e190, 2014.
15	642	Prescription of a combined hormonal contraceptive to a woman aged ≥35 years who is a current smoker	Process	Preventive	Treatment	Safe	Childbearing, Family Planning	Prescription of a combined hormonal contraceptive to a woman aged ≥35 years who is a current smoker	1. R. Spencer, B. Bell, A. J. Avery, G. Gookey e S. M. Campbell, "Identification of an updated set of prescribing-safety indicators for GPs," British Journal of General Practice, pp. e181-e190, 2014.
15	643	Prescription of a combined hormonal contraceptive to a woman with a body mass index of ≥40	Process	Preventive	Treatment	Safe	W - Pregnancy, Childbearing, Family Planning	Prescription of a combined hormonal contraceptive to a woman with a body mass index of ≥40	1. R. Spencer, B. Bell, A. J. Avery, G. Gookey e S. M. Campbell, "Identification of an updated set of prescribing-safety indicators for GPs," British Journal of General Practice, pp. e181-e190, 2014.
1	644	Adult health examination	Process	Preventive	Screening and prevention	Patient- centered	A - General and unspecified	Percentage of patients aged over 40 years utilizing adult health examination service	1. Jan. C. F., Chiu, TY., Chen, CY., Guo, FR., & Lee, MC. (2017). A 10-year review of health care reform on Family Practice integrated Care Project—Taiwan experience. Family Practice (364), 352–357. #2. Pan CH, Tung VC. The Effect of Family Physician integrated Care Project—Taiwan experience. Family Practice (364), 352–357. #2. Pan CH, Tung VC. The Effect of Family Physician integrated Care Project—Taiwan experience (364), 352–357. #2. Pan CH, Tung VC. The Administration, Microsoft VI Health and Violentia. Taiwan. National Health Instruments (361–361) Manual Report 2017, #3. #3. *4. Edecherisent IT. Vigor PC. (Auctivated National Violentia) and violentia. Administration (America) of Health and Violentia. Administration (America) Physical Policy (America) An Instrument (America) Physical Policy (America) Physical Policy (America) Physical
1	645	Elderly Influenza Vaccination	Process	Preventive	Screening and prevention	Safe	A - General and unspecified	Percentage of patients older than 65 years receiving the annual influenza shot	1. Jan. CF., Chiu, TY., Chen, CY., Gun, FR., & Len, MC. (2017). A 13-year review of health care reform on Family Practice integrated Care Project—Taison experience. Family Practice 35(4), 352–357. #2. Pan CH, Tung YC. The Effect of Family Physician integrated care Programs on Individual to United States of the Contract of The States of Taison integrated Care Programs on Individual to United States of Taison integrated Care Programs of Taison integrated Care Programs on Individual to United States of Taison integrated (1), 45. 85. 45. 45. 45. 45. 45. 45. 45. 45. 45. 4
1	646	Pap smear rate	Process	Preventive	Screening and prevention	Effective	X - Fernale Genital	Percentage of sexually active female patients older than 30 years receiving Pap smear service for cervical cancer screening versus percentage in non-members	1. Lan. C.F., Chiat. T.Y., Chine. C.Y., Gao. F.R. & Lan. M. L.C. (2017). A Sizyaar review of health can enform or Family Particle in Regular Care Project—Talean experience, Family Practice. 38(4), 332–387, 2 Pag. CM, Tany IV. The Sector of Family Physician Hingsparl Care Project—Talean experience, Family Practice, 38(4), 332–387, 2 Pag. CM, Tany IV. The Sector of Family Physician Hingsparl Care Project—Talean experience on 14 August 2017), 1/3 A Mational Health Insurance 2015—2014 Annual Report of 17 (18), 48–41, 48 (Inserted Hingsparl Care Project—Talean Experience (Inserted Hingsparl Care Project—Talean Experience), 1/4 Experience of Talean Experience (Inserted Hingsparl Care Project—Talean Experience), 1/4 Experience (Inserted Hingsparl Care
1	647	Immunochemical faecal occult blood test (FOBT)	Process	Preventive	Screening and prevention	Effective	D - Digestive	Percentage of patients aged over 50 years receiving the stool IFOST for cobin cancer screening	1. San. C.F., Chia, T.Y., Chen, C.Y., Gar, F.R., & Lee, M.C. (2017). A foyer review of health can selform on Family Practice Integrated Care Project—Trainine registeries. Family Practice, 3(4), 323–327, §2. Pm CH, Tony VI. The Clifford of Family Practical Integrated integrated care Project in England (2014). A Bioconal Health Integrated (2014
1	648	Fixed Doctors	Process	Preventive	Al	All	A - General and unspecified	Percentage of patients visiting family doctors in the same patient group	1. San. C.F., Chia, T.V., Chen, C.V., Gue, F.R., & Lee, M.C. (2017). A System review of health care reform on Family Practice Integrated Care Project—Takens receptions. Family, Practice, 18(4), 352–357, § 2. Pm CH, Tuny VI. The Effect of Family Principles Integrated Care Project—Takens receptions. Family, 2018 (2018), 352–357, § 2. Pm CH, Tuny VI. The Effect of Family Principles Integrated Care Project—Takens receptions. Family, 352–357, § 2. Pm CH, Tuny VII. The Effect of Family Principles Integrated Care Project—Takens receptions. Family, 352–357, § 3. Integrated Integrated Care Project—Takens receptions. Family, 352–357, § 3. Integrated Integrated Care Project—Takens receptions. Family, 352–357, § 3. Integrated Care Project—Takens reconomics. Family, 352–357, § 3. Integrated Care Project—Takens re
2	649	Contraceptive services	Process	Preventive	Diagnosis	Patient- centered	A - General and unspecified / W - Pregnancy, Childbearing, Family Planning	Provides contraceptive services for users	1. Mazur, A., Birndis, C. D., & Decker, M. J. (2018). Assessing youth friendly sexual and reproductive health services: a systematic review. BMC Health Services Research, 18(1), J. 2. Geary RS, Webb EL, Clarke L. Norris SA. Evaluating youth-friendly health services: young people's perspectives from a small andiel client ship in ultran South Africa. (2016) Health Action. 2015;1–3 f. 3. Marris (N. Hagara RV. Does making disc-beased productive health services more youth-friendly increase services used by addiscented "Federice from Lossa" (Assists). Addisc-bet Realth Activement Receivates (New Policy Norris Charles). Control Services (Services Adversaries). A productive services and reproductive health services in health facilities from the region in Taransar. PLSG Onc. 2015; (10); 2012/2022; 1. 8. Barragenter No. Ottors-Oblasca RV. Norres-Mic Active VIV. Reproduct VI
2	650	Sexual Counselling	Process	Preventive	Follow up and continuity	Effective	X - Female Gerital	Provides sexual education / condom demonstration	1. Mazor, A. Birodia, C. D., & Dicker, M. J. (2018). Assessing youth-finerily sexual and reproductive health envirors a systematic review (BMC Health Services Research, 18(1), 1.2. Birod, C. D. vill, Advis NE, Blobin OA, Wassesheld MJ, Genomic Learning in a special program and sense interfedents a
2	651	Sexual Counselling: Pregnant and parenting teen services	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Provides Pregnant and parenting teen services	Mazar, A, Brindis, C. D., & Decker, M. J. (2018). Assessing youth-friendly sexual and reproductive health services: a systematic review. BMC Health Services Research, 18(1), If 2. Bensussen-Walls W, Sarwyc EM. Teen-focused care versus adul-focused care for the high-risk program adolescent an outcomes evaluation. Public Health Nurs. 2001;18(9):424–35.
2	652	Sexual Counselling: Reproductive and sexual transmitted disease test results	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Promote sexual counselling on reproductive and sexual transmited disease test results	1. Mazz: A., Brinds, C. D., & Docker, M. J. (2018). Assessing youth-friendly sexual and reproductive health centures: a systematic review BMC Health Services Research, 18(1), #2 Detree KJ, Rinder G. Sexually transmitted infections among adolescents: the need for adequate health services. General World Health Construction, 2006. #12, Newholl-Levision A. Lieft Construction (1), #2 Detree KJ, Rinder G. Sexually transmitted infection Services for Adolescent control services. General World Health Construction, 2006. #12, Newholl-Levision A. Lieft Construction (2), #12, Newholl Levision A. Lieft Construction (2), #13, Newholl Levision A. Lieft Construction (2), #13, Newholl Levision A. Lieft Construction (3), #13, New York Construction (3), #13, New York Construction (3), *13, New York Constru
2	653	Supplies available onsite (medical testing)	Process	Preventive	Screening and prevention	Effective	X - Female Gerital	Supplies available onsite (medical testing)	"Mazer, A., Brinds, C. D., & Decker, M. J. (2018). Assessing youth freedy secural engineering barriers be accessing our a. J. Addison. Plants. Technical Science (1987). 11-18. 1. Mazer, A., Brinds, C. D., & Decker, M. J. (2018). Assessing youth referred secural and registeration femiliary barriers. Brinds (1987). 25 (1987). 11-18. 1. Mazer, A., Brinds, C. D., & Decker, M. J. (2018). Assessing youth referred secural and processing of the p
2	654	Providers are medically competent	Process	Preventive	Al	Effective	Not Defined	Providers are medically competent	1. Mazur, A., Brinds, C. D., & Decler, M. J. (2018). Assessing youth-friendly sexual and reproductive health services: a systematic review BMC Health Services Research, 18(1), if 2. Goda PM, Clerja JM, Hofman JJ, van den Broek N. Young people's perception of sexual and reproductive health services in Kenny. BMC Health Servi Res. 2014;14:172, if 3. Leads C, Policya HE, Pikal-Agocto B, Investigating user-interdiness of the sexual and reproductive health services among upon in Distremans. Se Asian Tray Debt 2011;15(1):15(13):143.
2	655	Infection control procedures are followed	Process	Preventive	Follow up and continuity	Effective	Not Defined	Infection control procedures followed	 Mazur, A., Brinds, C. D., & Decker, M. J. (2018). Assessing youth-friendly sexual and reproductive health services: a systematic review. BMC Health Services Research, 18(1), //2. Newton-Levinson A, Leichitler JS, Chandra-Mouli V. Sexually transmitted infection Services for Acidescerts and Youth Inlow and middle-incorne countries: perceived and is to accessing care. J. Adolescer. J. Adolescer. 16, 10, 13, 10, 11, 10, 11, 11, 11, 11, 11, 11, 11
2	656	Plan for follow up care explained and scheduled	Process	Preventive	Follow up and continuity	Patient- centered	Not Defined	Dispose a plan for follow up and explain-scheduled	Mazor, A., Biredis, C. D., & Decker, M. J. (2018). Assessing out-freedring among adolescents he med for adequate health services. German Word Feath Dispersation, 2009. I Mazor, A., Biredis, C. D., & Decker, M. J. (2018). Assessing yout-freedring-sessing and reproduction review. BMC Health Birecises Research, 16(1), 1/2. Birtlan AV, Wilsens, AP, Zapela LB, Parad K, Floreno LM, Wast TS, Voudfrendy-freing planning services for your people: a systematic review and Not Research and Services and Ser
2	657	Referral care	Process	Chronic	Follow up and continuity	Effective	A - General and unspecified	Referral care available, explained, and scheduled	1. Mazz, A., Brinds, C. D., & Docker, M. J. (2018). Assessing youth-frendly sexual and reproductive health services: a systematic review. (BMC health Services Research, 18(1), 9.2. Simple control, 1
2	658	Sufficient time for consultation	Process	AI	Al	Effective	Not Defined	Sufficient time for consultation . Not less than 15 minutes for consultation time	1. Mazur, A., Birdis, C. D., & Deckler, M. J. (2018). Assessing youth-friendly sexual and reproductive health services: a systematic review. IBMC Health Services Research, 18(1), 1/2. World Health Organization, Global consultation on adolescent friendly health services: a consensus statement. Geneva: World Health Organization, 2011, 1/3. Speciar IS, Magnari RJ, C. John GE. The effectiveness of adolescent reproductive health interventions in developing countries: a
2	659	Adequate information from provider	Process	AI	Al	Effective	Not Defined	Staff characteristics and compentency: Client recieves adequate and non judgemental information from provider	There of the orders of the control o
2	660	Comfort in communicating	Process	AI	AI	Patient- centered	Not Defined	Staff characteristics and compentency: Comfort in communicating	1 Mazz, A, Birods, C. D. & Diceler, M. J. (2019). Assessing positiv-feroidy seaso and referenciacies health services: a systematic review BMC inhall Services (Season). 16(1), 1/2 Dicessor MCC, Adebra J. Shrin M. Boos setting perspectives from a similar dicel red skyl, and 45 million 45
2	661	Privacy and Confidentially	Process	AI	Al	Patient- centered	Not Defined	Client consultation cannot be heard or seen by other clients or staff	1 Mazur, A, Birddy, C. D., & Declar, M. J. (2018). Assessing youth-friendly sexual and reproductive health services: a systematic review. BMC Health Services Research. 18(1): 12. Knavnaugh Mit., Jerman J, Ether K. Moslossky S. Meeting the contraceptive metes of them and young salds my charlest and trap with friendly and brang with review and reproduce benefits and produce health. 2013;20(1):248-212. 3 habbreau C, Gulmacher SH, Hebre AJ. Review C, Gulmacher SH, Hebre AJ. Review C, Gulmacher SH, Hebre AJ. Review C, March M, Review C, March M

				T					1. Mazur, A, Brinds, C. D., & Decker, M. J. (2018). Assessing youth-friendy sexual and reproductive health services: a systematic review. BMC Health Services Research, 18(1), // 2. Kavanaugh ML, Jerman J, Ethier K, Moskosky S.
2	662	Follow up by the same clinician	Process	Chronic	Follow up and continuity	Patient- centered	Not Defined	Choice and availability to be seen with same clinician during return viait.	1. total p. C. L. S. A. College M. J. Colleg
2	663	Passive disclosure of services avoided	Process	Preventive	All	Patient- centered	Not Defined	Being seen in the waiting room discloses reason client is seeking service	1. Mazur A., Biridis, C. D., & Decker, M. J. (2018), Assessing youth-Hendy sexual and reproductive health services: a systematic review. BMC Health Services Research, 18(1), 17.2 Matchanba A. Robson E. Youth reproductive health services in Bibbreryo, Trizhaben, Health Place. 2002;14(1273—38.1) % Tarter & E., Philbri MM, Dowl A. (Ben.). Expograms 6. Forterberry ID. Adolescent Titals Meterok for HWM. Youth Introl) direct considerations for brising and engaging IVII-friended adolescent in Inter our AIDS Care 2014;15(1973—201. If 49 Pm.C.). Truston A. Meeting is esseal health care review of younge poles a monte of You (2012) 401(198-100.).
2	664	Reproductive and sexual infection disease tests	Process	Preventive	Screening and prevention	Effective	W - Pregnancy, Childbearing, Family Planning	Reproductive and sexual infection disease tests are handled confidentially	1. Macs. A. Breds, C. D. L. Doube, M. J. (1918). Assessing pub-fixenity result and reproductive health reviews a systematic review BIX Health Services. Revision 18(1): £7. Breds; C.D. L. vol. Adv. HE. Berds C.D. L. vol. Adv. H
2	665	Text message for follow-up or education	Process	Preventive	Follow up and continuity	Patient- centered	Not Defined	Text message for follow-up or education	1. Mazz. A. Birdis, C. D., & Dicher, M. J. (2015). Assessing youth-foreidy sexual and reproductive health services a systematic review. BML: Health Services Reasons, 16(1); If. 2. Discover, S. Asthon. J. Smith. M.D. Does setting addissecuted intering the antimization improve the guide of care in chical Technique for 500 Ambility. In J. Judii Health. (2015). 19(1); 200. 9.8.1 Will verified the Organization, 2009. In Judii Health Congrison, 2016. 19(1); 200. 9.8.1 Will verified the Organization, 2009. If Codes JML Health Reproductive health services in Bullsony, 20 Ambility. 2015. 19(1); 200. 19(1); 2
2	666	Waiting times in Youth-Friendly Services	Process	Preventive	Al	Timely	Not Defined	Walling deby for attendence	Marca A, Brinds, C. D. & Descine M. J. (2018). Assembly youth firmedy result and reproductive health services a spitematic review (BMC Visible Courtee). Descined. 1(51). Inguine, J. Balanco D. No serviced Viragi security and process of the courtee of the process from some level process from some level process from some level. 1(51). Inguine, J. Balanco D. No serviced Viragi security and process from some level. 1(51). Inguine, J. Balanco D. No serviced Viragi security and process from some level. 1(51). Inguine, J. Balanco D. No serviced Viragi security and security and security and security and security and security and security. In security of the security of the security and securit
2	667	Holistic approach	Process	Preventive	Al	Patient- centered	Not Defined	Services available beyond reproductive health including mental, psychosocial, lifeskills etc	1. Mazur, A., Brindis, C. D., & Decker, M. J. (2018). Assessing youth-friendly sexual and reproductive health services: a systematic review. BMC Health Services Research, 18(1), if 2. Pation MQ. Qualitative evaluation and research methods. Newbury Park: SAGE Publications: 1990. if 3. Senderwoltz C, Solter C, Hainsworth G. Clinic assessment of youth friendly services: a tool for assessing and improving reproductive health services for youth. Watertown: Pathfinder
2	668	Non-health services	Process	Preventive	All	Effective	Not Defined	Youth development services, domestic violence	1. Mazer, A. Birds F. Patriculous, 1990. // 3. Sendersoids; C. Golder, C. Hainsoorth G. Clinic assessment of youth friendly services: a both of assessing and improving reproductive breath services freezing from the control of the c
2	669	General satisfaction	Outcome	Preventive	Follow up and continuity	Patient- centered	Not Defined	Platent Satisfaction	1. Mazur, A. Birdis, C. D. & Dicker, M. J. (2018). Assessing quith-freely sexual and reproductive feath invertices a systematic review BILC Health Services Research, 18(1), II Z. Mayey F. R. Levis HA, Cigardheya CO. As assessment of adolescent assistance on the reproductive previous prevalences of review in the Eastern Cape Productive, South Micros. Whom Mark J. (2019):68(1)(27-1). 37 lagrams, SAMINO Health Productive Services of the Eastern Cape Productive Services of the Eastern Cape Productive Services of the Eastern Cape Productive Services (Services Services
2	670	Sexually transmitted infections services	Structure	Preventive	Diagnosis	Effective	X - Female Genital / Y - Male Genital	Provision of Sexually Transmitted Infection Services (counselling, testing, treatment and prevention)	1. Mazur, A., Bindis, C. D., & Decker, M. J. (2018). Assessing youth-friendly sexual and reproductive health services: a systematic review. BMC Health Services Research. 18(1). J. 2. Newton-Levinson A. Leichtler JS, Chandra-Moul V. Sexually brannershed infection Services for Adolescentes and Youth in low- and riddle-bucome counties: previewd and experienced names to accessing ears. J. Adolesce Health. 2016;50(1):77–16. J B. Delme NL, Rechard G. Sexually brannershed infection among adolescents. The rever for adolescent health services. General Violation Health Cognition (Violation among adolescent, be rever for adolescent health services. General Violation Health Cognition (Violation Health Cognition).
2	671	Voluntary counseling and testing available / HIV services	Process	Preventive	Screening and prevention	Patient- centered	X - Female Genital / Y - Male Genital	Voluntary counseling and testing available HIV services	Wazur, A., Brinds, C. D., & Decker, M. J. (2018). Assessing your home because and reproductive health services: a systematic review. BIAC health performed reproductive (1), (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
3	672	Primary care-supportive governmental policies for delivery of preventive care	Process	Preventive	Screening and prevention	All	Not Defined	Improvement of access of care, continuity and coordination of care and delivery of preventive care	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) //
3	673	Coordination of Care	Process	Preventive	Follow up and continuity	Patient- centered	Not Defined	The coordination of care dimension reflects the ability of primary care providers to condinate use of other levels of health care (Gatekeeping system, Primary care practice and least mixture, Sub-finite of primary care providers, Integration of primary care providers, Integration of primary care and place health)	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) //
3	674	Longitudinal continuity of care	Process	Preventive	Follow up and continuity	Patient- centered	Not Defined	Having a long-term relationship between primary care providers and their parlients in their practice beyond specific episcoles of disease or litness, and the quality of the long-turbulant relationship between primary care providers and patterds.	1. Kings, D. S., Bomma, W. G., Hachtmann, A., van der Zen, J. & Gromenegen, P. P. (2010). The breach of primary care: a systematic Behalter review of this commission. BMC Health Services Research, (101) 1/2 Moritor, J. Stanfeld B. D. H. L. Germann, and Commission and Theologener (CCCC) counters, (197) 1680 Per Services, 303, 545 of 18.0 Health B. Shut, J. Stanfeld B. D. H. L. Germann, and Commission and Development (CCCC) counters, (197) 1680 Per Services, 303, 545 of 18.0 Health B. Shut, J. Stanfeld B. D. H. L. Stanfeld B. D. H. Stanfeld B. D. H. L. Stanfeld B. D. H. L. Stanfeld B. D. H. Stan
3	675	Prescribing behaviour of primary care providers: Quality of prescriptions standard	Process	Chronic	Treatment	Safe	Not Defined	Prescriptions follow standards	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groeneuegen, P. P. (2010). The breadth of primary care: a systematic therature review of its core dimensions. BMC Health Services Research, 10(1) if Gene-Badia, J., Ascaso, C., Escaramis-Backano, G., Sampleto-Colom, L., Catalan-Ramos, A., Sans-Cornies, M., & Pupis-Ribera, E. (2006). Personalised care, access, quality and team coordination are the main dimensions of family medicine output. Family fraction, 24(1), 14(1), 14(1).
3	676	Prescribing behaviour of primary care providers: Anti-depressants prescribed: % of the recommended	Process	Chronic	Treatment	Effective	P - Psychological	Anti-depressants prescribed: % of the recommended	 Kringos, D. S., Boerma, W. G., Hutchirson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) if Gene-Badia, J., Accaso, C., Escaramis-Babiano, G., Sampletro-Colom, L., Catalan-Ramos, A., Sans-Corrales, M., & Pujck-Ribens, E. (2006). Personalised care, access, quality and team coordination are the main dimensions of family medicine output.
3	677	Prescribing behaviour of primary care providers: Tranquilisers prescribed: $\%$ of the recommended	Process	Chronic	Treatment	Effective	P - Psychological	Tranquilisers prescribed: % of the recommended	1. Kingos, D. S., Boerma, W. G., Hatchinson, A., van der Zee, J. & Groeneusgen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research. 10(1) if Gene-Bada, J., Access C. E., Escaramis-Babiano, G., Samplero-Colom, L., Catalan-Ramos, A., Sans-Cornies, M. & Paja-Rhens, E. (2006). Personalised care, access, quality and team coordination are the main dimensions of family medicine culput. Family Practices, 28(1), 41-47, 7. Family Practices, 28(1), 41-47, 7.
3	678	Prescribing behaviour of primary care providers: Anti-hypertensive medications prescribed: % of the recommended	Process	Chronic	Treatment	Effective	K - Cardiovascular	Anti-hypertensive medications prescribed: % of the recommended	1. Kringos, D. S., Beerma, W. G., Hutchinson, A., van der Zee, J. & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1), "Gene-Badia, J., Carlotte Control of the Cont
3	679	Prescribing behaviour of primary care providers: Anti-diabetes medications prescribed: % of the recommended	Process	Chronic	Treatment	Effective	T - Endocrine/Metabolic and Nutritional	Anti-diabetes medications prescribed: % of the recommended	Access, C., Escaramis-Balance, G., Sampiero-Colon, L., Catalan-Ramos, A., Sans-Corrales, M., & Psyll-Piolinic E. (2006). Ped Sulfaces Last, access, quality and sear ucconstant are a rem an interestore to in any invasive supple. 1. Nirgogs, D. S. Barram, W. G., Habelinos, A., a note Ze, J. J., Georgeaeges, P. P. (2011). The breath of primary are removed in the conference of the conference review of the conference review of the conference of
3	680	Prescribing behaviour of primary care providers: Anti-asthma medications prescribed: % of the recommended	Process	Chronic	Treatment	Effective	R - Respiratory	Anti-asthma medications prescribed: % of the recommended	1. Kingos, D. S., Boerma, W. G., Hukchinson, A., van der Zee, J., & Greenesegen, P. P. (2010). The Invested of jumps care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) // Gene-Bada, J., Access C., Escarams-Badawan, G., Samplerto-Colom, L., Calaba-Ramos, A., Sam-Cornies, M. S., Play-Ribens, E. (2006). Personalised care, access, quality and barn coordination are the main dimensions of family medicine output. 1. Kingos, D. S., Boerma, W. G., Hukchimon, A., van der Zee, J., & Greenesegen, P. P. (2010). The Invested for Jumps care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) // Gene-Bada, J., Access C., Escarams-Badawan, G., Samplerto-Colom, L., Calaba-Ramos, A., Sam-Cornies, M. A., Play-Ribens, E. (2006). Personalised care, access, quality and barn coordination are the main dimensions of family medicine output. 1. Kingos, D. S., Boerma, W. G., Hukchimon, A., van der Zee, J., & Greenesegen, P. P. (2010). The Invested in formation of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) // Gene-Bada, J., Access C., Escarams-Badawan, G., Samplerto-Colom, L., Calaba-Ramos, A., Sam-Cornies, M. & Play-Ribens, E. (2006). Personalised care, access, quality and base moderation are the main dimensions of family medicine output. 1. Kingos, D. S., Boerma, W. G., Hukchimon, A., van der Zee, J., & Greenesegen, P. (2010). The Invested in formation of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) // Gene-Bada, J., Access C., Escarams-Badawan, G., Samplerto-Colom, L., Calaba-Ramos, A., Sam-Cornies, M. & Play-Ribens, E. (2006). Personalised care, access, quality and base of the services of the s
3	681	Relationship between user and health care professional: Adult visits	Process	Chronic	Al	Patient- centered	A - General and unspecified	Addressing the social and psychological problems	
3	682	Relationship between user and health care professional: Time of dedication	Process	Chronic	Screening and prevention	Patient-	Not Defined	Addressing the social and psychological problems	 Kingos, D. S., Boerma, W. G., Hubbinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) // Gene-Badia, J., Accaso, C., Ecaramin-Badiano, G., Sampielro-Colom, L., Calaban-Ramos, A., Sansa-Corrales, M. & Pujol-Ribern, E. (2006). Personalised care, access, quality and team coordination are the main dimensions of family medicine output.
3	683	Quality of diagnosis and treatment in primary care	Process	AI	Diagnosis / Treatment	Effective	Not Defined	Right diagnosis and right treatment	1. Kringos, D. S., Boerma, W. G., Hutchinson, A., van der Zee, J., & Groonewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) if 2. Arsant, Z. (2007). A Review of Letentare on Access to Primary Health Clare. Australian Journal of Primary Health, 13(2), 80.
3	684	Diagnosis and treatment - primary care: Initial laboratory investigations for hypertension	Process	Chronic	Diagnosis / Treatment	Effective	K - Cardiovascular	Diagnosis and treatment - primary care: Initial laboratory investigations for hypertension	Kingos, D. S., Boerma, W. G., Halchinson, A., van der Zee, J. & Groenewegen, P. P. (2010). The treative for long of primary care: a systematic literature review of its core of mismoisms. BMC Health Services Research, 10(1) if 2. Marshall M., Kazenga N. Leatherman S, Hardy C, Bergmann E, Pieco, L et al: CECO Health Care Casally Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006, 18(Suppl 1):21-25.
18	685	Breast cancer screening for women	Process	Chronic	Screening and prevention	Effective	X - Female genital	Breast cancer screening for women	1. Kronenberg C, Doran T, Goddard M, et al. kloreflying primary care quality indicators for people with sections mental linears a systematic review Br J Gen Pract 2017;67(86) 126 59 –630. doi:10.3398/bgg)770591721 // 2. Agency for Healthcare Research and Coality. AHRQ — quality indicators. AHRQ 2015, www.qualityindicators.ahrq.gov (accessed 23 May 2017).
18	686	Colorectal cancer screening	Process	Chronic	Screening and prevention	Effective	D - Digestive	Colorectal cancer screening	 Kronenberg C, Doran T, Goddard M, et al. Identifying primary care quality indicators for people with serious mental illness: a systematic review. Br J Gen Pract. 2017;67(661):e619—e630. doi:10.3399/bjgp17X691721 // 2. Agency for the property of the property
24	687	Child healthcare in general practice	Process	Chronic	Al	Patient- centered	A - General and unspecified	Child healthcare in general practice	1. Figits, K., Moles, R. J., & Chen, T. F. (2018). Quality inclusion is former supportable used in contractions as symmetric review. BMJ (2)ms, 417, 4005447. If P. Ros-Contraction (1)ms, 1. Approx. Universe N. Starchez-Diaz AM, et al. Indicators for including a contraction of the contraction of th
24	688	Prescribing for children in PHC	Process	Chronic	Treatment	Effective	A - General and unspecified	Indicators for prescribing for children in PHC	
24	689	Preventing drug-related morbidity in PHC	Process	Chronic	Treatment	Safe	A - General and unspecified	Indicators for Preventing drug-related morbidity in PHC	1. Fig. A., Notes, R. J., a. Chen, T. F., (2/19), Usally indicates for exponence use of medicines' a systematic release about Up(61, 62), 45, Us(42), 47, 47, 48, 49, 49, 49, 49, 49, 49, 49, 49, 49, 49
24 24	690 691	Long term prescribing in PHC Medications related indicators for PHC	Process Process	Chronic Chronic	Treatment Treatment	Effective Effective	A - General and unspecified A - General and unspecified	Long term prescribing in PHC Medications related indicators for PHC	
25	692	Detection of Falls	Process	Preventive	Screening and prevention	Safe	A - General and unspecified	Detection of Falls	 Chen WY, Lam CL, Lo SV, Quality of care of narse-led and ideal beath personnel-led primary care cince. Nong forcing medical primar 2 languages give use as in 2.011;17(2):217-30. 17.2 Gillespe DL, Roberton MC, Gillespe WJ, et al., test between forces for personnel plants in other power legs in the command, for Contrare Dubbases System 4.8 Pers 2009;1(2):020-1161. 2 D. Charg JT, Class CH, Dubbas System 5.00, 2 Charge System 5
25	693	Falls: Basic Fall History	Process	Preventive	Screening and prevention	Patient- centered	A - General and unspecified	Falls: Basic Fall History	1. Clin WY, Len CL, Lo SV. Quality of our of race-dot and after freshill precorrected primary care clines. Noting Kong nederal primar is Tamagangy in our an is 2011/17/j2 27-30 17.2 Giblespo LD. Roberton MC, Giblespo WJ, et al. Interventions for preventing fash in out or promoting by incise in some intervention of promoting fash in out-or promoting by colors are induced by the Contract Buildood profession in vision of produced by the Contract Buildood profession in vision of produced by the Contract Buildood profession in vision of produced by the Contract Buildood profession or controlled trail. J Am Contract Buildood profession in vision of produced by the Contract Buildood profession or controlled trail. J Am Contract Buildood profession or controlled trail. 1. Controlled Profession State Buildood profession or controlle
25	694	Falls: Orthostatic Vital Signs	Process	Preventive	Screening and prevention	Effective	A - General and unspecified	Falts: Ontrocate: Vital Signs	1. Child Y. Lam CL. Lo SY. Chally of one of strong-lot of added health personnels by primary in the ACM/SCI-SCI-SCI-SCI-SCI-SCI-SCI-SCI-SCI-SCI-
25	695	Falls: Visual Aculty Testing	Process	Preventive	Screening and prevention	Effective	F - Eye	Falls: Visual Aculty Testing	1. Clin WY, Len CL, Lo SY, Quilty of our of nace-dot and after health proconceled primary own clines. A long Econy period primary in Emitting pays we as no. 2011/17/j) 27:30. J2. Globergo LD. Richerton-MC, Globergo WJ, et al. Internetions for preventing fash and are provided prigin the commands (Contrace Dubbases Syll Rep 2009/J2/CDSVF1/4). J2. Changy / Long Co. D. Quality productors in Condition Syll representation of the Contrace Dubbase Syll representation of the Contrace Syll representation of the Contract Syll representatio
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25	696	Gailt and Balance Evaluation for Falls and Mobility Disorders	Process	Preventive	Screening and prevention	Effective	N - Neurological	Galf and Balance Evaluation for Falls and Mobility Disorders	1. Chie NY, Lam CL, Lo SV. Coality of care of many-lead and selder health personnel leady primary care chicas. Negli Strap greate primary is Recipiorary as on a sht 2011-12/21-20, if 2 Galespea LD, Robertson MC, Galespea LD, Coality and Coality of Coali
25	697	Falls: Cognitive Assessment	Process	Preventive	Screening and prevention	Effective	P - Psychological	Falls. Cognitive Assessment	1. Chin W, Lam CL, Lo SV. Coality of care of nase-bed and allefe health personnels length regimes care cloics. Nonj Groy predicts journal & Angagany y use a set 2011/19/217-30. J. 2. Galespet LD, Robertson MC, Glasey ML, et al. Enterventions for preming light in order possing journal possing in contrasting Courter Duchassia Syll predictors (see Table 2014) predictors for fall but middles (see Table 2014) predictors for fall b
25	698	Falls: Home Hazard Assessment and Modification	Process	Preventive	Screening and prevention	Safe	A - General and unspecified	Falls: Home Hazard Assessment and Modification	1. Chin W, Lam CL, Lo SV. Coality of care of nase-bed and allefe health personnels length regimes care cloics. Nonj Groy predicts journal & Angagany y use a set 2011/19/217-30. J. 2. Galespet LD, Robertson MC, Glasey ML, et al. Enterventions for preming light in order possing journal possing in contrasting Courter Duchassia Syll predictors (see Table 2014) predictors for fall but middles (see Table 2014) predictors for fall b
25	699	Falls: Benzodiazepine Discontinuation	Process	Preventive	Screening and prevention	Safe	P - Psychological	Falls: Benzodiazepine Discontinuation	1. Chin W, Lam CL, Lo SV. Coality of care of nase-bed and allefe health personnels length regimes care cloics. Nonj Groy predicts journal & Angagany y use a set 2011/19/217-30. J. 2. Galespet LD, Robertson MC, Glasey ML, et al. Enterventions for preming light in order possing journal possing in contrasting Courter Duchassia Syll predictors (see Table 2014) predictors for fall but middles (see Table 2014) predictors for fall b
25	700	Falls: Assistive Device	Process	Preventive	Screening and prevention	Effective	A - General and unspecified	Falls: Assistive Device	1. Chin W, Lam CL, Lo SV. Coality of care of nase-bed and allefe health personnels length regimes care cloics. Nonj Groy predicts journal & Angagany y use a set 2011/19/217-30. J. 2. Galespet LD, Robertson MC, Glasey ML, et al. Enterventions for preming light in order possing journal possing in contrasting Courter Duchassia Syll predictors (see Table 2014) predictors for fall but middles (see Table 2014) predictors for fall b
25	701	Falls: Exercise Programs	Process	Preventive	Screening and prevention	Effective	A - General and unspecified		1. Chia W, Lam CL, Lo SV. Casily of care of nase-bed and also health personnel-length grimmy care clinics. Honging right grant general port and 2. Angagangy is see and 3.01117(1))217-30. I. 2. Gillesgies LD, Robenton MC, Gillesgies WJ, et al. Interventions for preventing falls in order people growth grant has commonly control profession in whater fields of Jam Central 2007 (2007) (2007) 41. C. A. Lang JT, Casta MD, Cally in richous from fall profession in whater fields of Jam Central 2007 (2007) (2007) 41. C. Lang JT, Casta MD, Cally JT, Casta MD, Ca
25	702	Medication review and pharmaceutical care	Process	Preventive	Follow up and continuity	Safe / Patient- centered	A - General and unspecified	Medication review and pharmaceutical cure	1. Chei WY, Lam CL, Lo SY, Quality of our of nan-bed and adider health personnel long immay care clinics. Hong (Norgamedulis) partial: *Nanggarqy is as zuh. 2011;17(3):17.30. (1.2 kright EL, Annu J, Quality Indicators for appropriate medication care in vinerable electrics. Am lembe 4600:110:18.2016.17. A ERSPECT to Island surficements of large primary care print particles. Plant (1.0 kright EL, Annu J, Quality Indicators for appropriate medication in the relative print particles. Plant (1.0 kright EL, Annu J, Quality Indicators (1.0 kr
25	703	Pulmonary rehabilitation	Process	Chronic	Follow up and continuity	Effective	R - Respiratory	% of Patients with clinically significant COPD that had access to pulmonary rehabilitation	1. Chie MV, Lam CL, Lo SV, Quality of care of nars-bed and author half personnel-bed primary care cinics. Hong Kong medical journal × Jinoggangy in se zu hi. 2011;1(3):273.0 / 2. Ambrosin No. Casaburi R, Ford. G. et al. Developing concepts in the patients prohibitation of Long Septime 100;00;1(3):250;2(4):25
27	704	Availability of telephone triage and advice services	Process	Preventive	All	Timely	A - General and unspecified	Changes in health service utilisation brought about by the availability of telephone triage and advice services (reduction of General Practice consultations)	1. Lake R, Georgiou A, Li J, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC Health Serv Res. 2017;17(1):\$14. Published 2017 Aug 30.
27	705	Frequency of adverse events, errors and hospitalisation rates	Outcome	Preventive	Treatment	Safe	A - General and unspecified	Frequency of adverse events, errors and hospitalisation rates	1. Lake R, Georgiou A, Li J, et al. The quality, safety and governance of telephone triage and advice services - sor overview of evidence from systematic reviews. BMC Health Serv Res. 2017;17(1):814. Published 2017 Aug 30.
27	706	Number of deaths in seven days between those whose calls were handled by doctors or nurses	Outcome	Preventive	Treatment	Effective	A - General and unspecified	Number of deaths in seven days between those whose calls were handled by doctors or nurses	1. Lake R, Georgiou A, Li J, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC Health Serv Res. 2017;17(1):814. Published 2017 Aug 30. doi:10.1186/sst.12913-017-2586-1
27	707	Patient compliance to advice given to seek emergency care	Process	Acute	Follow up and continuity	Effective	A - General and unspecified	Platient compliance to advice given to seek emergency care	1. Lake R, Ceorgiou, A. L.I. et al. The quality, safely and governance of helpfrom trigo and adults services: an overview of evidence from systematic reviews. BMS-147-1864.41.2 Pize-Nephrieman RJ, Trastec P, Celletti complance will helpfrom telling recommendations: a males analysis review Patient Eac Course. 2017;19(15):42.41.2 La Caracagna IS. Obleration, and the safely and adults services: a systematic review on methods, metics and results. Studies Health Technol form; 2011;19(6):407-11.8.4.1.8.1.1.8.1.1.4.1.4.1.8.1.1.4.1.4
27	708	Patient compliance to advice given to seek GP	Process	AI	Follow up and continuity	Effective	A - General and unspecified	Patient compliance to advice given to seek GP	1. Lake R, Coorgius, A LJ, et al. The quality, safely and generance of belgione traige and advice services: an overview of evidence from systematic reviews. BMC Health Serv Res. 2017;11/(19.64 Published 2017 Aug 30. doi:11.118/66.2017-07.04-64.et/ 2. Pack Psychetron RJ, Traiser C, Pediet complace were believed test conveniend review Planter East converview East Converview Planter East Co
27	709	Patient satisfaction of telephone triage and advice services	Outcome	Preventive	Follow up and continuity	Patient- centered	A - General and unspecified	Patient satisfaction of telephone triage and advice services	Lake R, Georgiou A, Li J., et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC Health Serv Res. 2017;17(1):614. Published 2017 Aug 30. doi:10.1186/s12913-017-25864-x//2. Lebowitz R, Day S, Durt D. A systematic review of the effect of different models of after-hous primary medical care services on clinical outcome, medical workload, and patient and GP satisfaction. Fam Pract. 2003;20(3):311-7.
27	710	Percentage of calls able to be handled with telephone advice alone	Process	Preventive	Follow up and continuity	Efficient	A - General and unspecified	Percentage of calls able to be handled with telephone advice alone	Lake R, Georgiou A, Li J, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC Health Serv Res. 2017;17(1):814. Published 2017 Aug 30. doi:10.1186/s12913-017-2664-X
27	711	Reduction in hospital admissions	Outcome	Preventive	Follow up and continuity	Efficient	A - General and unspecified	Number of phone service run leading to a reduction in admissions at 12 months	Lake R, Georgiou A, Li J, et al. The quality, safety and governance of telephone triage and advice services - an overview of evidence from systematic reviews. BMC Health Serv Res. 2017;17(1):614. Published 2017 Aug 30. doi:10.1186/s12913-017-2654-x.
3 (25)	712	Patient satisfaction with the family physician/specialist coordination of care	Outcome	Chronic	Follow up and continuity	Patient- centered	Not Defined	By the use of patient questionnaire, assess patient satisfaction with the coordination of care provide by the GP/lfamily physisican/specialist	1. Kringos, D. S., Boerma, W. G., Hatchinson, A., van der Zee, J., & Groenewegen, P. P. (2010). The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 10(1) if Gene-Badia J., Access C., Excaramis-Babiano G., Sampietro-Colom L., Catalain-Ramoss A, Same-Corrales M, et al. Personalised care, access, quality and learn coordination are the main dimensions of family medicine coups Famil Pract 2007; 24:41-47.
11	713	Adherence to Asthma Medications	Process	Chronic	Treatment	Effective	R - Respiratory	Adherence to Asthma Medications	To, T., Guttmarm, A., Lougheed, M. D., Gershon, A. S., Dell, S. D., Stanbrook, M. B., Fisman, D. N. (2010). Evidence-based performance indicators of primary care for asthma: a modified RAND Appropriateness Method. International Journal for Quality in Health Care. 22(6), 476-485.
29	714	Percentage of patients with coronary heart disease who have had influenza immunisation	Outcome	Preventive	Screening and prevention	Effective	K - Cardiovascular	The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March	Fines, L. Marchand, C. Dazon, T. & Procham, S. (2017). The relief of the Castly and relief interests in the case of large-emendations as patential interest. Billion housed of General Pacifics, (1756-1814). Extract movemental form the Del Medical Officer (100) prints in the Commission of the Castle (100) prints in the
29	715	Percentage of patients with diabetes who have had influenza immunisation	Outcome	Preventive	Screening and prevention	Effective	T - Endocrine/Metabolic and Nutritional	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March	This is a current recommendation from the CMD and the LCVI, (dabbets is one of the risk groups covered with free seasonal influenza succine). The burden of influenza falls mostly on those who have clinical risk factors for influenza and called proper and many and the proper and the properties and the proper and the proper and the proper and the properties and
29	716	Percentage of patients with STIA who have had influenza immunisation	Outcome	Preventive	Screening and prevention	Effective	K - Cardiovascular	The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March	While there have been no RCTs looking at the impact of flu vaccination specifically in patients with a history of stroke or TIA, there is evidence from observation studies that flu vaccination reduces risk of strokes2
24	717	Percentage of penicillin prescriptions in dental treatments	Process	Acute / Preventive	Treatment	Effective	D - Digestive	Beta-lactamase sensitive pericillins (ATC code: J01C), such as phenoxymethylpericillin or amoxicillin are considered the first line arithacterial medications in dentistry for patients without pericillin altergy due to their effectiveness against oral bacterial infections. Pericillin are more effective aridor have less side effects as well as result in less thank conclinations compared to other arithitiots, e.g., expelabacytom or orindamyorin	Hussein RJ, Krohn R, Kaufmann-Kolle P, et al. Quality indicators for the use of systemic antibiotics in dentistry. Z Evid Forbild Qual Gesturburgs 2017;1222—18.
24	718	Percentage of clindamycin prescriptions in dental treatments	Process	Preventive	Treatment	Effective	D - Digestive	Clindamycin is not a specific antibiotic for orofacial infections and it can be used for the treatment of various bacterial infections such as those of bone and joints as well as infections of the respiratory system. Clindamycin has more side effects and health complications compared to pericillin	Hussein RJ, Krohn R, Kaufmann-Kole P, et al. Quality indicators for the use of systemic antibiotics in dentistry. Z Evit Forbitid Qual Generalment 2017;122—18.
3	719	Health care funding system	Structure	AI	All	All	Not Defined		Kringos DS, Boerma WG, Hutchinson A, van der Zee 465 J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. 467 BMC Health Serv Res. 2010;10:55. Published 2010 Mar 13. doi:10.1186/1472-468.9963-10-83
31(3)	720		Process	Chronic	Treatment	Effective	K - Cardiovascular	number of different brands per active agent	Martirosyan L, Voorham J, Haaijer-Ruskamp FM, Braspenning J, Wolffenbuttel BH, Denig P. A systematic literature review: prescribing indicators related to type 2 diabetes melitus and cardiovascular risk management.
31(16)	721		Process	Chronic	Treatment	Effective	K - Cardiovascular	Proportion of atoryastatin and cerivastatin	Pharmacoecidemioloov and drus safety. 2010;19(4):319-34. Martirosyan L, Voorham J, Haaijer-Ruskamp FM, Braspenning J, Wolffenbuttel BH, Denig P. A systematic literature review; prescribing indicators related to type 2 diabetes melitus and cardiovascular risk management.
31(43)	722	Percentage of First choice drugs (e.g., enalapril or simvastatin) of all drugs prescribed within its therapeutic class (angiotensin-converting-enzyme	Process	Chronic	Treatment	Effective	K - Cardiovascular	DDD senatorii and captorii divided by DDDs of all ACE inhibitors - 100%	Pharmacoepidemiology and drug safety, 2010;19(4):319-34. Martirosyan L, Voorham J, Haaijer-Ruskamp FM, Braspenning J, Wolffenbuttel BH, Denig P. A systematic literature review; prescribing indicators related to type 2 diabetes melitus and cardiovascular risk management.
31(43)	723	inhibitors or lipid lowering drugs).	Process	Chronic	Treatment	Effective	K - Cardiovascular	DDD sensapri and capropri divided by DDDs of an ACE mindrons 100% DDD estatinas de elección/DDD estatinas	Martirosyan L, Voorham J, Haaljer-Ruskamp FM, Braspenning J, Wolffenblutel BH, Long P. A systemic literature review; prescriping indicators related to type 2 diabetes melitus and cardiovascular risk management.
31(47)	724		Process	Chronic	Treatment	Effective	K - Cardiovascular	Porcentaje de estatinas para las que se había demostrado una disminución de morbimortalidad cardiovascular (simvastatina, pravastatina y lovastatina)/total de	Martirosyan L, Voorham J, Haaijer-Ruskamp FM, Braspenning J, Wolffenburde BH, Donig P. A systematic library series projective prescribing indicators related to type 2 diabetes melitus and cardiovascular risk management.
31(3)	725	Precentage of prescribed generic drugs	Process	Chronic	Treatment	Efficient	A - General and unspecified	estatinas Percentage of generic prescribing	Pharmacooptiemology and drug safety, 2010;19(4):319-34. Martirosyan L, Voorham J, Haajier-Ruskamp FM, Braspenning J, Wolffenbattell BH, Deng P. A systembs literature review; prescribing indicators related to type 2 diabetes mellius and cardiovascular risk management.
31(3)	725	Precentage of prescribed generic drugs Prescribe more than 1 drug from the same therapeutic group simultaneously	Process	Chronic	Treatment	Efficient	A - General and unspecified A - General and unspecified	Patients prescribed more than one thiazide diuretic (of those prescribed a thiazide diuretic); Patients prescribed more than one sulphonylurea hypoglycaemic (of those	Martirosyan L, Voorham J, Haaijer-Ruskamp FM, Braspenning J, Wolffenburde BH, Donig P. A systematic library service prescribing indicators related to type 2 diabetes melitus and cardiovascular risk management.
31 (19,47)	727	Prescribe more than 1 drug from the same therapeutic group simultaneously Ratio of preferred: less preferred drups (e.g., plain.combination diuretics)	Process	Chronic	Treatment	Safe	A - General and unspecified	prescribed a sulphonylurea hypoglycaemic) (31(19)); (% pacientes en prevención secundaria cardiovascular tratados con estatinas (31(47))?)	Pharmacoepidemiology and drug safety, 2010;19(4):319-34. Martirosyan L, Voorham J, Haajer-Ruskamp FM, Braspenning J, Wolffenbutsel D, Jeng P. A systemate Iterature review, repositing indicators related to type 2 diabetes mellitus and cardiovascular risk management.
31(10)	121	round or presental, tests presented drugs (e.g., pass.com.blhason disretos)	Piocess	Circuid	meaning	oare	A - Control and unspecified	рын жилинын он оно оно оно	Pharmacoepidemiology and drug sallety, 2010;19(4):319-34.